Yorkshire Ambulance Service NHS — NHS Trust

Public Trust Board Meeting				29 May 2012	
Title	Lessons Learned from Trust reporting systems 1 March – 30 April 2012			**Paper Ref**	PB.121 3.06.5

PURPOSE (X)		**Information**		**Strategic Aim**	**Business Plan Objective**
Approval		**Decision**	X		
Assurance	X	**Discussion**		1, 3	1.2, 3

Purpose of the paper	The purpose of this paper is to highlight learning identified through the investigation of incidents, complaints and other adverse events. The report addresses the issues and themes arising and provides a summary of the actions that are being taken or have been completed as a result.
Recommendation	It is recommended that the Board considers the lessons learned from adverse events and supports the actions which have been taken or are being taken as a result.
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RISK ASSESSMENT	Yes	No
Changes to the Corporate Risk Register and/or Board Assurance Framework		X
Resource Implications		X
Legal implications		X

ASSURANCE/COMPLIANCE		
CQC Registration Outcome(s)	**Auditors' Local Evaluation**	**NHSLA Risk Management Standards for Ambulance Trusts**
16	4.1, 4.2	5

1. PURPOSE

1.1 The purpose of this paper is to highlight learning identified through the investigation of incidents, complaints and other adverse events. The report addresses the issues and themes arising and provides a summary of the actions that are being taken or have been completed as a result.

1.2 The report covers the period 1 March – 30 April 2012.

2. BACKGROUND

2.1 This report brings together information from the following sources:
- Incidents
- Serious Incidents
- Complaints and Concerns
- Clinical Case Reviews
- Patient Experience Reports

The following sources are also part of the systems for lessons learned, however there have been no issues highlighted or recommendations received during the period.

- Rule 43 Letters
- Serious Case Reviews
- Ombudsman Requests
- Claims

2.2 The report highlights learning identified through the investigation of specific incidents and consideration of issues, themes and trends.

2.3 The report particularly highlights where common themes are identified across more than one source.

2.4 Reporting and management processes are in place to identify, risk assess, investigate and follow up adverse events from a range of different reporting streams. Corporate support and guidance for investigation is provided via the Standards & Compliance and Clinical Directorates, working with individual managers with responsibility for investigation and follow up within their own areas of responsibility.

2.5 Review and follow up of individual adverse events of a serious nature is monitored through the Incident Review Group.

2.6 Consideration of broader themes and issues arising is part of the remit of a number of Trust management groups, including the Clinical Governance Group, and Health & Safety Committee.

2.7 This report provides an overview of issues and actions for the Board and assurance to the Board with regard to management action aimed at reducing the risks to patients, staff and the Trust.

3.   INCIDENTS

3.1   The table below shows the numbers of new incidents reported each month.

Table 1: New Incidents Reported

New Incidents Reported	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Ops - A&E	235	193	209	172	260	244	378	371	411	355	302	319
A&R	89	62	55	107	61	41	65	84	216	45	42	30
PTS	56	66	52	61	59	54	79	74	90	68	68	66
OTHER	183	187	156	176	161	223	12	8	14	20	17	17
TOTALS	563	508	472	516	541	562	534	537	731	488	429	432

3.2   The number of new incidents reported has remained consistent in comparison to recent months. The most commonly reported incident types are road traffic collisions and other vehicle damage, moving & handling issues, employee safety incidents and medicines management – primarily broken vials.

Table 2: Patient-Related Incidents

Patient Related Incidents	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Ops - A&E	20	22	24	23	24	25	33	43	18	18	24	29
A&R	2	1	0	4	0	2	2	1	1	0	1	0
PTS	22	27	27	27	28	20	27	28	32	26	21	22
OTHER	4	1	0	2	1	2	0	0	0	0	0	1
TOTALS	48	51	51	56	53	49	62	72	51	44	46	52

Table 3: Staff-Related Incidents

Staff Related Incidents	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Ops - A&E	74	64	83	59	75	82	82	79	90	71	50	66
A&R	5	4	4	5	0	4	2	1	1	2	1	4
PTS	21	27	11	14	14	20	12	20	22	15	16	13
OTHER	8	8	8	3	5	9	6	4	2	1	4	3
TOTALS	108	103	106	81	94	115	102	104	115	89	71	86

3.3   The following highlights some key lessons learned by the Trust as a result of incident reporting:

Moving and Handling
Two projects are ongoing to reduce the number of moving and handling incidents. The carry chair project group has recommended a potential replacement for the Trust's carry chair. The proposed replacement is a track chair with detachable track for descending stairs and an extendable handle. An initial successful trial has taken place and a second trial is planned for operational staff from A&E and PTS to test the chair.

This will take place at Bridlington Station, Longley, Leeds Central and Richmond. All training for the carry chair is set to be completed by 7 June and the trial will then commence for 1 month. If this further trial is positive, it is anticipated that the new chair will be procured on a phased basis over a 3 year period.

The second project relates to RACE (Rapid Assessment Clinical Equipment) and is being trialled in the Bradford area for new RRV equipment. The equipment includes a small defibrillator, monitor screen and printer plus a blue barrel bag containing medical equipment/drugs and a miniature oxygen cylinder. The overall weight of the equipment will be 9kg, a huge improvement to the current 26kg weight of the blue bag. A decision will be made on implementation following results of the trial, which is currently ongoing.

Vehicle CCTV
A number of incidents have occurred relating to employee safety. A reminder has been issued to staff about the use of CCTV fitted to the A&E vehicles. Following the Health and safety Committee the recording function is being reviewed to ensure that this captures the optimum time period when activated.

Table 4: Medication-Related Incidents

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
North Yorkshire CBU	0	4	1	3	4	2	3	6	7	5	2
East Riding of Yorkshire CBU	3	0	1	1	0	0	0	4	6	4	3
Leeds & Wakefield CBU	25	14	5	8	41	23	11	19	18	9	15
Bradford, Calderdale & Kirklees CBU	9	8	14	8	14	13	4	15	18	11	17
South Yorkshire CBU	1	4	1	1	3	1	3	4	4	5	7
TOTALS	38	30	22	21	62	39	21	48	53	34	44

(Data for April will be provided in the next report)

3.4 Work is currently under way to change the storage boxes for morphine vials. Following recent developments which significantly strengthened the controlled drug management system, there was an increased number of drug vial breakages. These related to the difficulty of handling the vials in the new storage containers. The new boxes are designed to address this problem and to-date there has been positive feedback from staff. The numbers of these incidents are expected to reduce as the new containers are rolled out.

Table 5: Serious Incidents

SI Incidents	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Ops - A&E	1	0	1	1	1	0	0	0	0	0	0	1
EOC	0	0	0	1	0	1	0	0	2	1	1	2
PTS	0	0	0	0	0	0	0	1	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	1	0	1	2	1	1	0	1	2	1	1	3

3.5 The four SI's reported in this period relate to:

1. A delayed response to a 73 year old male. Several calls were received for this patient highlighting a deterioration of his condition.
2. Inadequate care given to a patient when key equipment was left at a previous scene.
3. A delayed response to a child, following a failure of communication about shift start and finish times.
4. A delayed response to an elderly male found collapsed in the street owing to a lack of available resources in the vicinity.

The SIs reported in March and April are currently being investigated and full lessons learned from these incidents will be reported on in the next Board Lessons Learned Report in July. All other SIs have undergone full investigations and these have been submitted to the lead commissioners. Key lessons from these include:

- A review is to take place in the Emergency Operations Centre (EOC) of procedures for selecting and training peer mentors to support trainee call takers. This was identified as an area requiring improvement following an SI which raised issues relating to a mentor's skills and competencies.

- Work is underway in EOC to create a local policy which will govern the use of login IDs on the Computer Aided Dispatch (CAD) system to ensure accurate audit trails can be maintained.

- A recent SI highlighted an issue relating to the 'Call Shift' function on CAD. It was noted that there was a general lack of understanding about this functionality, therefore a training plan is being developed to be delivered to EOC staff so that they are aware of the implications of the function and how to manage it.

4. COMPLAINTS & CONCERNS

Table 6: Complaints and Concerns

ACCIDENT & EMERGENCY												
	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
Attitude and/or Conduct	9	3	11	8	2	3	10	6	14	10	9	10
Aspects of Clinical Care	18	18	15	16	21	12	15	18	12	28	17	28
Driving and Sirens	1	10	5	0	9	5	4	1	4	1	2	6
Other	4	1	0	4	1	4	1	3	5	2	4	12
TOTALS	32	32	31	28	33	24	30	28	35	41	32	56
ACCESS & RESPONSE												
	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
Attitude and/or Conduct	0	1	2	1	2	4	1	0	2	1	0	5
Response	17	18	20	25	23	16	24	21	23	33	31	23
Call Management	3	2	3	2	1	3	3	4	1	0	0	0
Other	0	0	0	0	0	0	0	0	0	2	1	1
TOTALS	20	21	25	28	26	23	28	25	26	36	32	29

A&E Activity	55970	55160	57247	54907	55520	58514	54802	61784	58076	57420	60538	57123
Complaints v Activity (%)	0.09%	0.10%	0.10%	0.10%	0.11%	0.08%	0.11%	0.09%	0.11%	0.13%	0.11%	0.15%
PATIENT TRANSPORT SERVICES												
	MAY	**JUN**	**JUL**	**AUG**	**SEPT**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**
Attitude and/or Conduct	6	5	2	7	4	6	6	6	10	8	10	3
Aspects of Clinical Care	3	8	3	3	4	3	6	2	10	8	12	3
Driving and Sirens	1	1	3	1	1	2	3	2	1	1	2	3
Response	65	72	79	62	40	55	64	57	85	54	52	18
Call Management	0	0	0	5	3	4	2	2	4	4	6	3
Other	1	0	1	0	1	2	1	0	0	0	8	13
Service to Service	56	67	75	119	105	119	91	99	102	58	44	3
TOTALS	132	153	163	197	158	191	173	168	212	133	134	46
PTS Activity	83549	88048	76083	78765	78850	76252	77912	86346	78041	75364	97907	87757
Complaints v Activity (%)	0.16%	0.17%	0.21%	0.25%	0.20%	0.25%	0.22%	0.19%	0.27%	0.18%	0.14%	0.05%
YAS TOTALS												
	MAY	**JUN**	**JUL**	**AUG**	**SEPT**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**
Attitude and/or Conduct	15	9	15	16	8	13	17	12	26	19	19	18
Aspects of Clinical Care	21	26	18	19	25	15	21	20	22	36	29	31
Driving and Sirens	2	11	8	1	10	7	7	3	5	2	4	9
Response	82	90	99	87	63	71	88	78	108	87	83	41
Call Management	4	1	3	7	4	7	5	6	5	4	6	3
Other	4	3	1	4	2	6	2	3	5	4	13	26
Other areas of YAS	2	1	0	0	1	0	0	0	0	0	0	0
TOTALS	130	141	144	134	113	119	140	122	171	152	154	128

4.1 The trend of complaints and concerns received during this period reflects the previous period, which related in the main to communication issues, notes not being added to bookings correctly and attitude related complaints. The Patient Relations team are aware of the issues and are working with different teams within the Trust to try and increase patient satisfaction across these problematic areas:

- In particular the lack of communication between PTS and patients/clinics where delays are expected continues to be the cause of dissatisfaction.

- There has been an increase in the number of concerns relating to the clinical care of patients. These are dealt with on a case by case basis and there is no single issue of concern.

- Response related complaints in PTS fell significantly in April and this may be an early reflection of improved performance arising from the current service improvement activity.

5. CLINICAL CASE REVIEWS

5.1 Of the Clinical Case Reviews that took place, the following has been identified as an organisational lesson to be learned by the Trust:

- One of the cases involved the use of drugs outside the normal JRCALC guidelines with medical permission granted but not from within YAS control. As a result it was agreed that the provision of advice for clinicians will be reviewed to allow 24 hour access to authorised and recorded advice.

6. PATIENT EXPERIENCE

6.1 Whilst continuing to increase and strengthen the library of filmed and narrative patient stories, more focussed work will take place during 2012-13 to understand the experiences of service-users with specific conditions particularly dementia, learning difficulties and end of life illnesses. Work will also be undertaken to capture the experiences of carers of under 2 year olds, children and young people (under 18s). Through the A&E CQUINs, there is also programmes of work which aim to improve the experience and outcome for patients residing in rural locations, and raise public awareness to alternatives to calling 999. Focused patient experience surveys will be undertaken as part of the work in rural areas.

Triage Survey
The results of the triage survey have been shared with the EOC and the following actions are taking place:

- Processes are being put in place to ensure patients are not subjected to repeated telephone assessments.

- Call-takers have improved the explanations they offer to patients who are being transferred for triage with the aim of creating a better understanding for patients as to the triage process.

- An Ambulance Public Education project is underway which will contain information regarding triage and other healthcare pathways.

- A repeated theme relating to clinical care of patients with spinal injuries was recognised. Assurance was provided that training on new equipment and spinal immobilisation is included in the trauma training programme

Dignity and Respect
During 2011-12 much work was carried out relating to dignity and respect. From patient experience feedback, the Trust has developed the YAS Dignity Code, taking best practice guidelines from the Department of Health and applying it to an ambulance setting to ensure it is appropriate.

Bariatric Patient Experience
A review of the service provision for bariatric patients has included engaging with a service user whose contribution has been invaluable in terms of understanding the perspective and experiences of service users.

She has focussed the work on key issues such as dignity, respect and privacy as well as the practical elements of manual handling and conveying bariatric patients.

7.   BEING OPEN

7.1   Since September 2011, the Trust has strengthened its implementation process of the Being Open Policy. Contact has since been made with 7 families of patients involved in adverse events and 2 of those have welcomed the opportunity to come and meet with the Trust to discuss the findings of the investigation. The meetings were well received and the families thanked the Trust for engaging with them in such manner. The Being Open process is monitored and reviewed by the Incident Review Group.

8.   NEXT STEPS

8.1   The YAS Standards and Compliance Directorate continues to develop the Trust's approach to learning lessons. This work includes the following aspects:

- Following the tendering process for the new risk data management system, the Trust have confirmed that Datix will provide the new system for managing incidents, complaints and claims. Datix currently holds 70% of the UK National Health Service custom for risk management and the Trust are confident the new system will enable better analysis on adverse events to generate improved intelligence on trend information. A project manager has been recruited to implement the new system and work is already underway to get this in place in the near future.

- The function of the Incident Review Group (IRG) was significantly strengthened following a review in July 20121. The group is currently developing some Key Performance Indicators (KPIs) to monitor the ongoing performance of the group. This will ensure the group operates to the highest efficiency and will give additional assurance that adverse events are managed appropriately and the correct action taken.

9.   RECOMMENDATIONS

9.1   It is recommended that the Board considers the lessons learned from adverse events and supports the actions which have been taken or are being taken as a result.