NHS
Yorkshire
Ambulance Service
NHS Trust

MEETING TITLE Public Board		**MEETING DATE** 30/08/2018	
TITLE of PAPER	Significant Events & Lessons Learned – Bi-annual report Q3 & Q4 17-18.	**PAPER REF**	4.2
STRATEGIC OBJECTIVE(S)	Provide a safe and caring service which demonstrates an efficient use of resources		
PURPOSE OF THE PAPER	The purpose of the paper is provide an overview to the Board of the key events and learning that have taken place during the second half of the 17-18 financial year. This will cover Q3 and Q4 (October 2017 – March 2018)		
For Approval	☐	**For Assurance**	☒
For Decision	☐	**Discussion/Information**	☒
AUTHOR / LEAD	Tina Medlock (Safety Governance Manager) & Rebecca Mallinder (Head of Investigations & Learning)	**ACCOUNTABLE DIRECTOR**	Steve Page (Executive Director of Quality, Governance & Performance Assurance)
DISCUSSED AT / INFORMED BY Quality Committee (quarterly reports)			
PREVIOUSLY AGREED AT:	**Committee/Group:** Not Applicable	**Date:** Click to enter date	
RECOMMENDATION(S)	It is recommended that the group take assurance from the actions described within this paper and support any proposed developments.		

RISK ASSESSMENT	**Yes**	**No**
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☐	☒
Equality Impact Assessment - *[New]* *If 'Yes' – expand in Section 2. / attached paper*	☐	☒
Resource Implications (Financial, Workforce, other - specify) *If 'Yes' – expand in Section 2. / attached paper*	☐	☒
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	☐	☒

ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	1: Safe All
NHSI Single Oversight Framework **Choose a THEME(s)**	2. Quality of Care (safe, effective, caring, responsive)

1. PURPOSE/AIM

1.1 The purpose of the paper is provide an overview to the Board of the key events and learning that have taken place during the first half of the 17-18 financial year. This will cover Q3 and Q4 (October 2017 to March 2018).

2. BACKGROUND/CONTEXT

2.1 This report primarily covers the period 1 October 2017 to 31 March 2018.

2.2 Where necessary immediate action is taken to ensure patient and staff safety following an adverse event. This is followed by more formal review and analysis proportionate to the seriousness of the event, to ensure that all relevant lessons are learned. Trust timescales for these reviews are in line with national and regional guidance.

2.3 Specific sources of significant event & lessons learned within the scope of this report include:

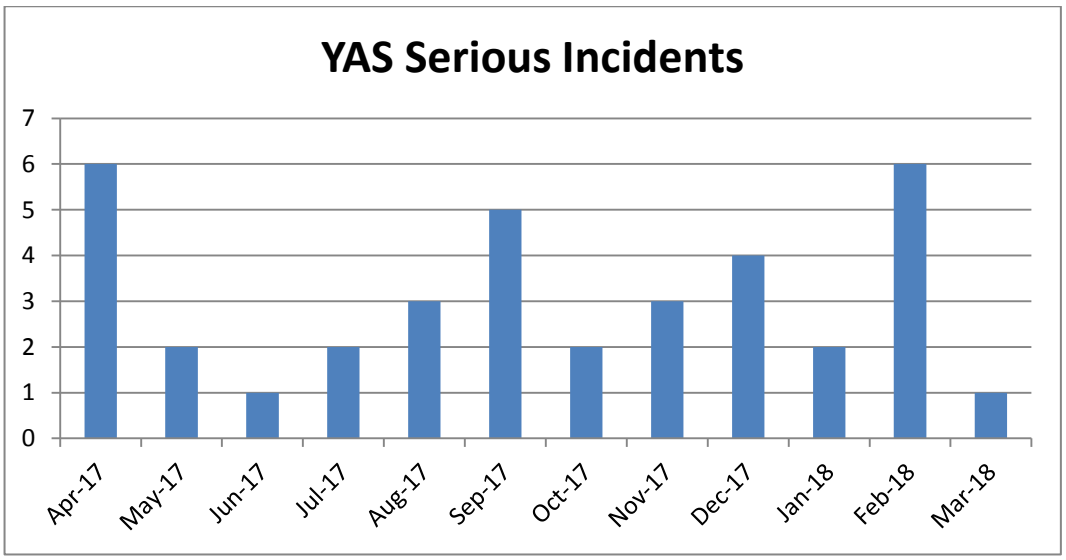
- Serious Incidents reported to the Trust's commissioners
- Incidents
- Complaints – including requests received from other services and including the Ombudsman
- Claims
- Coroners Inquests – including Preventing Future Deaths received by the Trust.
- Safeguarding Serious Case Reviews (SCRs). Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs)
- Professional Body Referrals
- Clinical Case Reviews
- Patient Experience
- Information Commissioner's Office notifications
- Health & Safety Executive notifications
- Duty of Candour (Being Open)
- Freedom to Speak Up

Other sources may be included, based on the nature of the events occurring.

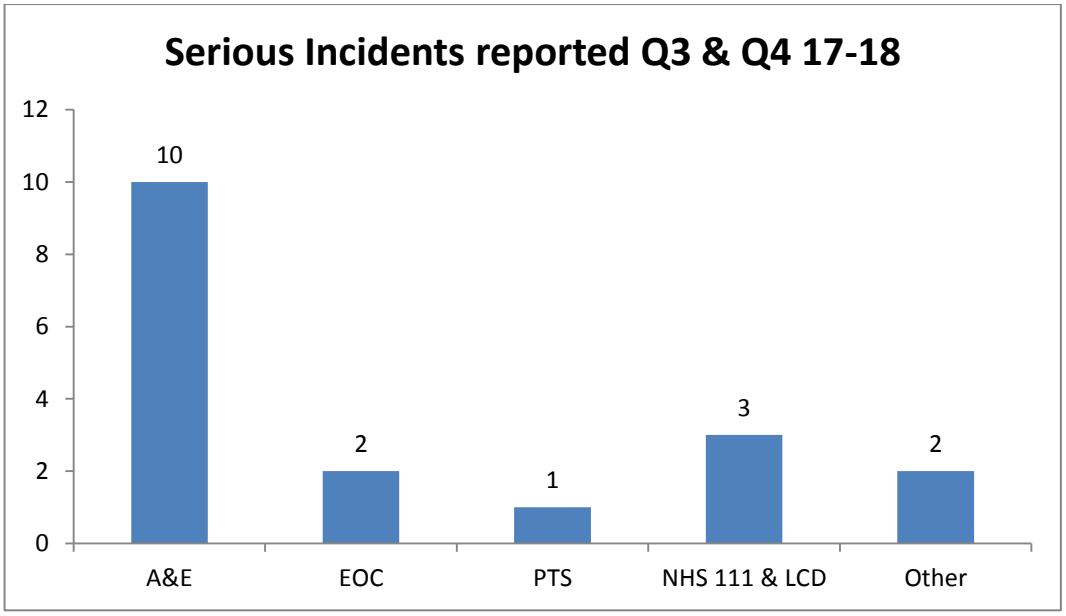
3. SERIOUS INCIDENTS (SIS)

3.1 During Q3 and Q4 17-18 the Trust reported 18 Serious Incidents. This is in comparison to 19 reported in the previous 6 months.

3.2 The graph below shows the SIs reported on a rolling 12 month period.



3.3 The chart below shows the breakdown by service area for Q3 and Q4 17-18.



3.4 A key theme identified during investigation of Q3 SIs is in relation to the completion of paperwork when in attendance for 999 calls. Two SIs have been reported during this period and the Patient Care Record (PCR) was not completed at all for one incident and not to the required standard for another. These SIs have been investigated alongside Clinical Case Reviews with a focus on organisational and individual learning, with reference to the disciplinary process where appropriate and immediate actions carried out with the individuals involved. A piece was written for the Staff Update reminding colleagues of the requirement to document their clinical assessment in line with Trust requirements and professional responsibility. Further work has been planned to review the next delivery of Clinical Refresher training to incorporate more training and vigilance around this area.

The roll out of the Electronic Patient Record is enabling more comprehensive and timely audit of clinical record keeping and this will strengthen the processes for feedback and learning.

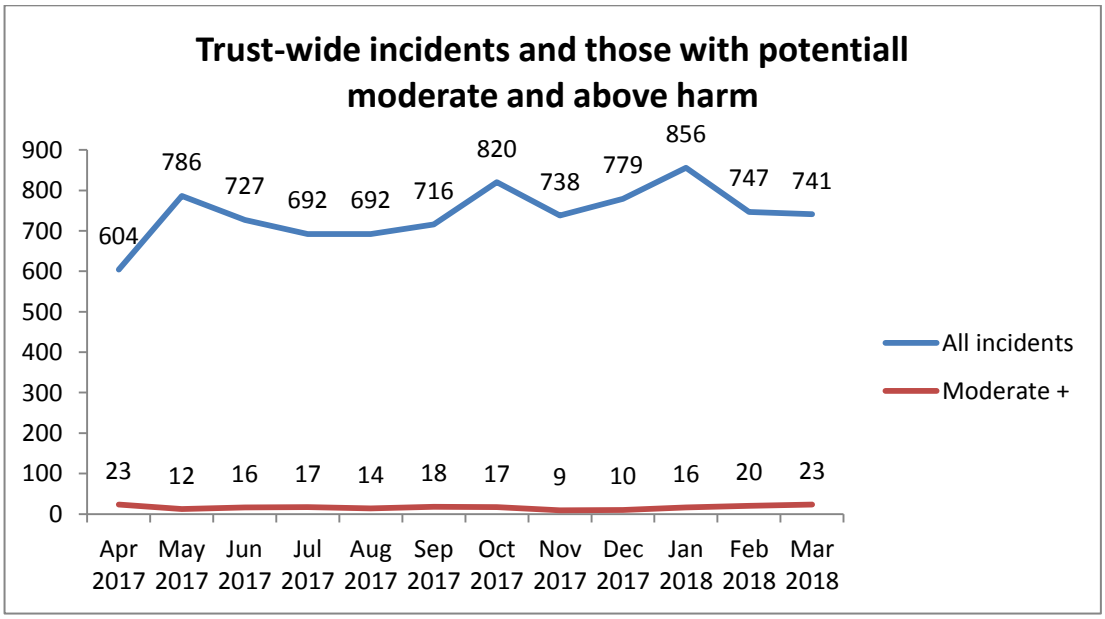
3.5 During Q4 there was an increase in the number of SIs (6) due to excessive responses (detailed in section 3.4) which is reflective of the busier period experienced within the NHS during the winter period. The number reported in Q4 2017/18 is lower than the same period in 2016/2017 in which 7 SIs were reported as excessive responses.

All of the SIs were in the context of peaks of demand on the services at the time of the incident. Other contributory issues identified include lack of clarity on the policy in relation to obtaining patient information from monitoring companies, communication between EOC and A&E staff, ensuring that the patient condition is monitored for deterioration on call backs and ensuring locations are verified.

3.6 Of the other SIs reported during Q4, two of these involved inappropriate access and inappropriate storage of information on the I Drive. A project is underway within the ICT department to develop a more secure shared storage network for staff to use. Interim measures have been put in place to help mitigate the risks. One SI was raised following a claim that was made against the Trust. This also involves St John Ambulance (SJA) and relates to the movement of a patient which has possibly caused injury.

4. INCIDENTS

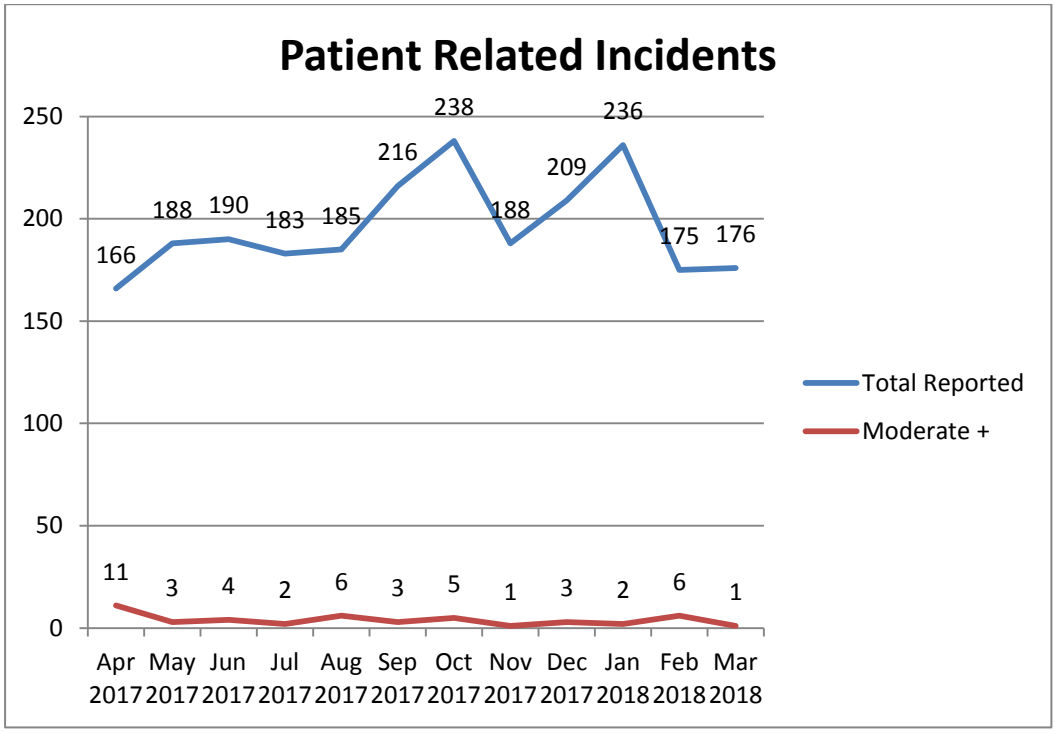
4.1 The graph below shows the number of incidents reported over the previous 12 months.



4.2 The chart below shows a breakdown of incidents reported within each service line.

	A&E Operations	EOC (Emergency Operations Centres)	NHS 111	PTS (Patient Transport Services) - Operations
Apr 2017	345	58	29	67
May 2017	423	75	46	80
Jun 2017	384	64	30	107
Jul 2017	381	67	37	97
Aug 2017	403	49	48	83
Sep 2017	388	46	61	108
Oct 2017	408	57	69	110
Nov 2017	430	44	33	97
Dec 2017	463	51	46	78
Jan 2018	480	53	40	104
Feb 2018	423	53	47	75
Mar 2018	448	39	38	72
Total	4976	656	524	1078

4.3 The graph below show the breakdown of patient related incidents.



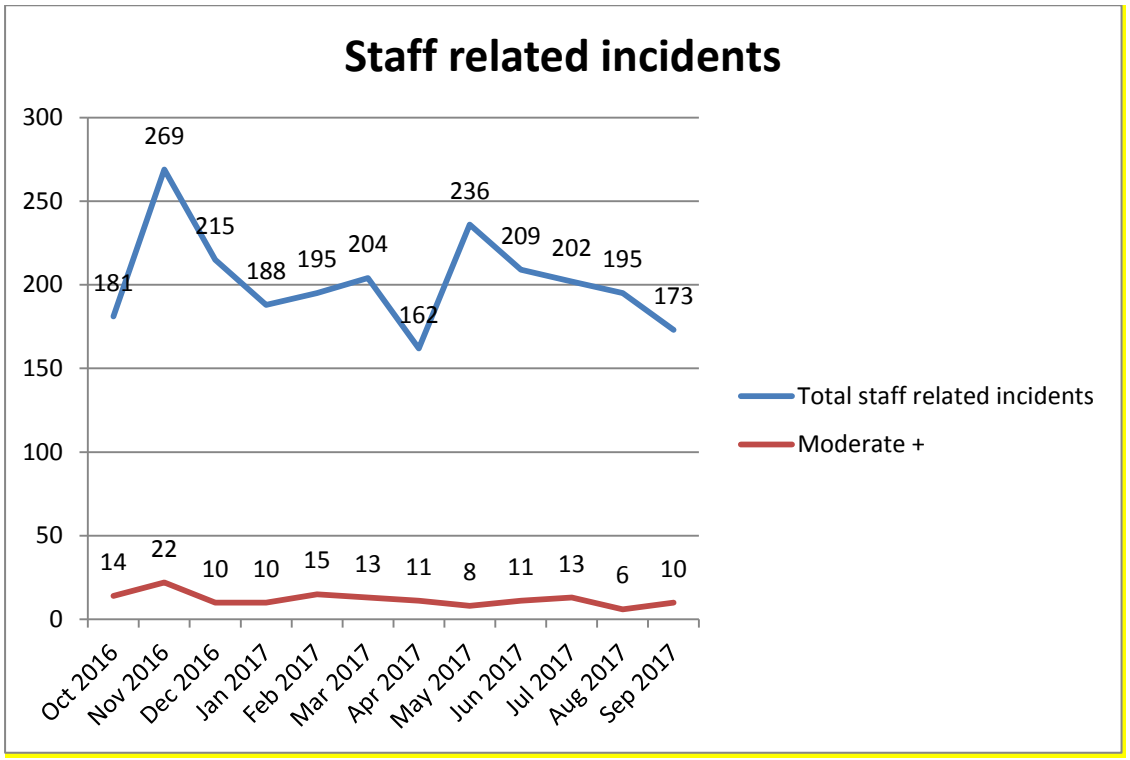
4.4 Within the patient related incidents the highest category of incidents reported is response related and all of these are followed up to assess the impact on the patient.

4.5 YAS continues to monitor incident rates against 3 key harms; falls whilst in receipt of YAS care, injury whilst in receipt of YAS care and medication errors whilst in receipt of YAS care. These are tracked on a daily, weekly and monthly basis using the "harm free care days" methodology utilised in the national hospital Safety Thermometer data.

4.6 In line with the national Sign up to Safety campaign; which has an ambition to reduce harm within the NHS by up to 50%, Yorkshire Ambulance Service has succeeded in reducing medication errors by 80% over 2 years using the Safety Thermometer data and feedback system, from 54 in 2014-15, 25 in 2015-16 and only 14 throughout 2016-17. These medicine errors are those that have the potential to cause harm to patients and do not include breakages or loss of controlled drugs.

4.7 The level of harm remains low for patient related incidents and all moderate and above patient related incidents are reviewed in line with the Duty of Candour criteria.

4.8 The graph below show the breakdown of staff related incidents.



4.9 One of the highest categories within staff related incidents is Violence & Aggression incidents. The proportion of moderate and above harm incidents remains low. In addition to the Post Incident Care (PIC) process, the Risk Team and the Local Security Management Specialist (LSMS) offer support to all victims of violence and aggression through email and telephone contact.

4.10 Analysis of clinical or aggravating factors allows the Trust to learn lessons from the underlying causes of violence and aggression and ensure the Conflict Resolution Training that we provide educates staff on how to manage these situations effectively to prevent harm. Key aggravating factors reported are alcohol and drugs, and clinical factors include post-fitting and dementia. Staff are trained in Dynamic Risk Assessment to mitigate risk to themselves and others.

4.11 In Q4 the Data Flag Group has undertaken a detailed review 115 cases. The review examines evidence collated including the incident report and any previously reported incidents, statements from staff involved, the patient record and intelligence collated from other agencies, such as the Police. The Risk Team also review CCTV where indicated and can provide this to the Police to support other civil and criminal sanctions, for example a Community Order, fine or custodial sentence. The LSMS sends a warning letter to the perpetrator where a warning marker is placed on the EOC CAD/NHS111 system or PTS Cleric.

4.12 A similar incident review process is applied by the Safer Responder Group, where a group of operational colleagues, along with Staff Forum members, the Head of Safety and the Risk Manager review incidents relating to application of the Safer Responder procedure to learn lessons and work to embed joint decision making between the EOC and A&E Operations. In the EOC, the Bronze/Duty Manager is Joint Decision Model trained, allowing for application of the Safer Responder procedure and a conversation with the attending crew to jointly agree a tactical plan to mitigate risk.

4.13 A review has been undertaken of the PIC process to strengthen its use in practice, following feedback via Freedom to Speak Up process.

4.14 More detailed analysis of violence and aggression incidents including themes and trends and actions to mitigate risk are presented on a quarterly basis to Health and Safety Committee. Information is also shared regionally and nationally to allow the Trust to benchmark, to engage in initiatives to tackle violence and aggression, and to share best practice in relation to management of V&A and support of staff.

5. COMPLIMENTS, COMMENTS, CONCERNS & COMPLAINTS

5.1 The table below shows the breakdown of complaints and concerns received during this period.

	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
A&E	33	48	29	41	42	38
EOC	54	56	35	65	42	40
PTS	62	67	63	87	60	45
NHS 111 & LCD	54	49	60	70	66	73
Total	203	220	187	263	210	196

5.2 The largest category of complaint across the Trust relating to Call Handling and Dispatch is delayed responses to Category 3 calls and Admission calls followed by delayed responses to Category 2 calls. Since the introduction of ARP3 there has been an increase in complaints about delayed responses to Category 1 calls from only 1 case in the first half of the year to 19 cases in the second half of the year.

5.3 Under the A&E Operations service the highest category of complaints relate to attitudes and behaviours. The analysis of the trends in South Yorkshire in Q2 have been taken forward by a working group and an action plan produced which includes expanding the work across all Trust areas, with a focus on Diversity and Inclusion education involving local management. However, in Q3 there has been a 45% decrease in attitude complaints for Airedale, Bradford and Leeds CBU and a 73% decrease in North Yorkshire and York. The Sector Commander feels the new management structure is enabling managers to spend more time with staff and is bringing about a culture change. This will continued to be monitored and any learning will be shared with other areas.

5.4 Trends in attitude complaints for individual staff members are escalated to Sector Commanders for consideration of application of the repeat offenders process. Further work on this matter has been progressed in Q4 and discussed by the Trust Management Group. This work is to continue across the whole of the Trust, with a focus on Diversity and Inclusion and Communication Skills Training involving local management and Organisation Development.

5.5 During Q4 there have been a small number of concerns highlighted in relation to taxis being used to deliver PTS journeys. This has been identified through complaints and concerns and also through patient surveying and through soft intelligence gathered through speaking to patients at Patien Reception Centres (PRCs). Issues highlighted have included examples of lack of cleanliness in vehicles and the drivers to not be waiting sufficient time when collecting patients despite notes being on the system to state the patient is hard of hearing or may take longer to get out of the property. The issues are being addressed through the PTS sub-contractor management process to ensure that all sub-contractors are operating to the standard defined by the Trust.

5.6 The highest category of complaint received for the NHS 111 service is related to the appropriateness of the call outcome, accounting for approximately one quarter of all complaints.

Ombudsman

5.7 During Q3 there was one new case commenced, relating to a delayed response to a Category 2 call.

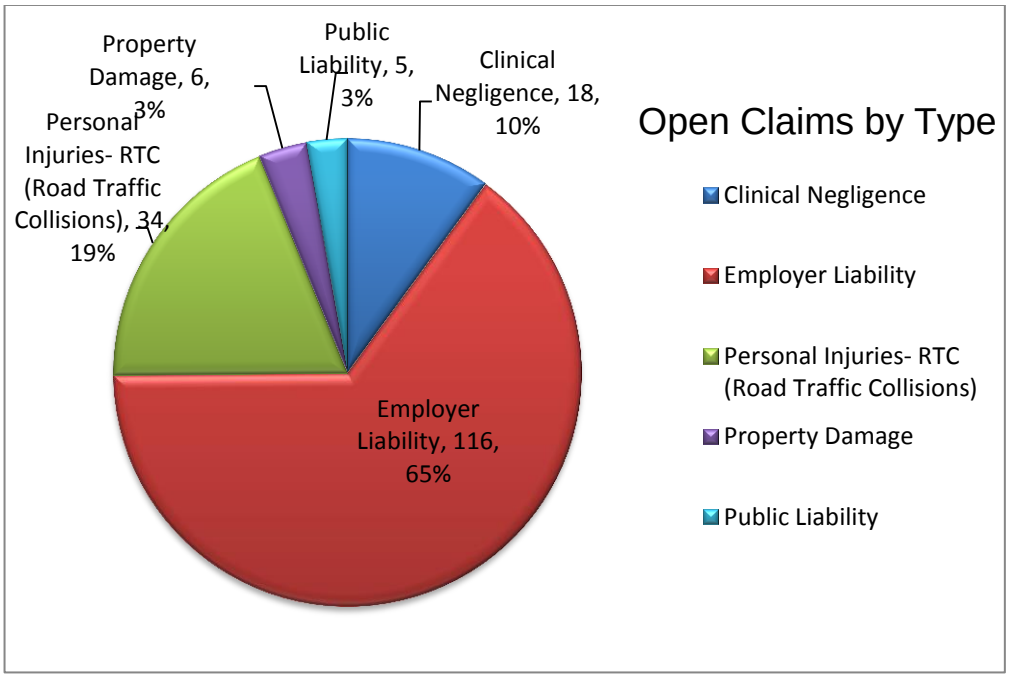
Compliments

5.8 The table below shows the number of compliments received for each service line during Q3 and Q4.

	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
A&E	52	63	56	42	20	16
EOC	0	3	0	0	0	0
PTS	3	2	3	1	1	0
NHS 111 & LCD	10	5	4	9	6	7
Total	65	73	63	52	27	23

6. CLAIMS

6.1 At the end of Q4 there are currently 179 open claims against the Trust that come under the NHS Resolution Insurance Scheme for Trusts with employer liability claims being the highest volume (65%).



6.2 The main focus of the claims within this category continues to be moving and handling related. Injuries arising from equipment, for example carry chairs, stretchers and wheelchairs, and from assisting patients with movement remain the highest in this category. During Q4 there have been four claims reported as a result from injury from equipment whilst moving a patient within the A&E Operations directorate.

6.3 Clinical negligence claims are reported in low numbers. Five claims were made during Q3 and Q4, with three of these being response related.

6.4 During this period there have been no new public liability claims reported.

7. CORONERS INQUESTS INCLUDING PFDs

7.1 The Trust's involvement in inquests continues to remain high in relation to attendance of staff as witnesses and currently there are 309 open inquest cases. Many of the requests for information relate to perceived delays in the ambulance response.

Prevention of Future Death (PFD) reports

7.2 During this period one PFD report was received. This related to the function of mental health nurses in the EOC and the appropriate actions taken in support of patients in crisis. The Coroner raised concerns that pathways to a specific crisis team were not effective. The functions and facilities/options available to the mental health nurses within EOC were outlined in detail to the Coroner as part of the response. In addition, the Trust's involvement in the Crisis Care Concordat and its aim to improve mental health care for patients were highlighted. As a result of review of the incident, actions have been initiated to improve communications with the relevant police forces and internal protocols have been re-iterated.

8. SAFEGUARDING SERIOUS CASE REVIEWS (SCRs) AND DOMESTIC HOMICIDE REVIEWS (DHRs)

8.1 Within this period YAS provided information towards three SCRs within the region and three DHRs. Information was also submitted to three Safeguarding Adult Reviews and two Lessons Learned Reviews. Excessive responses continue to remain a theme with regard to safeguarding adult concerns from Adult Social Care teams across Yorkshire.

8.2 Work continues with regard to a generic Trust wide patient information leaflet to ensure potential victims of Domestic Abuse have access to relevant contact numbers for advice or support. This information will inform and strengthen the Domestic Abuse Management Guidance. This will be then be approved through YAS governance procedures.

9. PROFESSIONAL BODY REFERRALS (PBRs)

9.1 There have not been any cases identified during this period that have highlighted organisational learning.

10. CLINICAL CASE REVIEWS (CCRs)

10.1 Of the CCRs conducted during this period the recurrent themes relate to documentation and communication. It is anticipated that the implementation of the Electronic Patient Record (EPR) will support effective documentation and more robust audit processes.

10.2 Another theme identified was in relation to failing to act upon clinical presentation and clinical decision making. This issue has been addressed with individual clinicians involved and learning will inform the next round of clinical refreshers for all staff.

11. INFORMATION COMMISSIONER'S OFFICE (ICO) NOTIFICATIONS

11.1 During this period YAS did not receive any notifications from the ICO.

11.2 Two SIs have been reported to the ICO during Q4 concerning IG issues and these are addressed within the SI section of this report. No further action was mandated by the ICO following receipt of he Trust reports.

12. HEALTH & SAFETY EXECUTIVE (HSE) NOTIFICATIONS

12.1 During this period two notifications were received. In October, the Trust received a letter from the Head of Public Services in the Engagement and Policy division at the Health and Safety Executive (HSE). The letter was seeking the Trust's engagement with a new approach from HSE to Ambulance Services nationally. The new method was a meeting request with senior personnel in order to gain direct health and safety engagement and leadership. The purpose of the meeting was to discuss how the Trust manages health and safety, in particular with regard to the issue of musculoskeletal injuries which is currently a priority for the HSE. The Executive Director for Quality, Governance and Performance Assurance responded to the letter and a meeting was arranged for early Q4. The meeting took place on 6 January 2018 and was attended by the Trust's Chief Executive, Executive Director for Quality, Governance and Performance Assurance, Head of Safety, Health and Safety Manager and 3 union health and safety representatives from GMB, Unite and Unison. The meeting was positive and the HSE indicated that they had gained some valuable information which could be shared with other Trusts via their work programme.In addition to this the HSE have also engaged directly with AACE and are also currently working with the National Ambulance Risk and Safety Forum, which YAS is a part of, to look at ways of improving moving and handling in ambulance services.

12.2 The Trust has received a letter from the HSE regarding an examination report for a vehicle lifting ramp located at the Trust's fleet workshops in Sheffield. The Trust's competent person for lift inspection (from Allianz) inspected the lifting ramp on the 15th March and identified a category A defect which means it "could cause a danger to persons". As soon as Fleet were notified of the issue, the lifting ramp was taken out of service. Due to its age, the lifting ramp is now going to be removed. As is required, the competent person passed the examination report to the HSE who then contacted the Trust on the 28th March via the letter in order to check for compliance with LOLER (Lifting Operations and Lifting Equipment).

13. DUTY OF CANDOUR (BEING OPEN)

13.1 The Trust has a policy of transparency with patients and/or their families when an adverse event has occurred resulting in moderate or above harm to a patient. The Trust also applies the being open process to other incidents when they are identified on a case by case basis that there would be benefit to the patient and/or their family to be aware of the case.

13.2 During Q3 and Q4 17-18 the Trust has applied the being open process to 21 cases. Overall, positive feedback has been received in relation to the processes in place across the Trust with families thankful of the honesty and transparency offered by the service.

14. FREEDOM TO SPEAK UP

14.1 The Trust continues to receive concerns reported through the Freedom to Speak Up process via the Trust's Guardian and Advocates.

14.2 During this period 15 concerns were raised via this process. The common theme arising, and this is consistent across the NHS, is in relation to staff issues as opposed to direct patient safety concerns. Many of these have root causes of inappropriate and/or inadequate management styles and skills leading to a perception of bullying or harassing behaviour by staff members.

14.3 On the 3rd January 2018 NHS England published the National Variation to the terms and conditions of the NHS standard contract, which includes the need for NHS providers to comply with the requirements of the National Guardians Office (NGO), specifically relating to having a Guardian in post, informing the commissioner of FTSU arrangements and ensuring the same governance around this is applied to sub-contractors.

In May 2018 the NGO published "Guidance for boards on Freedom to Speak Up in NHS trusts and foundation trusts". The guide sets out expectations of boards in relation to FTSU. A self-review tool accompanies the guide allowing trusts to benchmark themselves against the NGO expectations.

Work is currently underway to ensure compliance with the requirements set out in the National Variation to the terms and conditions of the NHS standard contract and the expectations set out in the "Guidance for boards…" document.

15. PROPOSALS/NEXT STEPS

15.1 The Trust will continue to investigate, analyse and learn from adverse events when things go wrong and will continue to report through the internal committees and groups to provide assurance in relation to the key findings and lessons learned. Next steps and actions to be taken have been highlighted in the above sections within this report.

16. RISK ASSESSMENT

16.1 This paper provides assurance in relation to the following principle risk on the Board Assurance Framework:-

- Risk 2c) Failure to learn from patients and staff experience and adverse events within the Trust or externally.

17. RECOMMENDATIONS

17.1 It is recommended that the Board note the current position and take assurance from the work highlighted within the report, supporting the ongoing proposals for improvement.