



MEETING TITLE Public Board		MEETING DATE 26/09/2019	
TITLE of PAPER	Significant Events & Lessons Learned – Bi-annual report Q3 & Q4 18-19.	PAPER REF	4.2
KEY PRIORITIES	Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart Create a safe and high performing organisation based on openness, ownership and accountability		
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 first half of the 18-19 financial year. This will cover Q1 and Q2 (April 2018 – September 2018)		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Rebecca Mallinder (Head of Investigations & Learning)	ACCOUNTABLE DIRECTOR	Steve Page (Executive Director of Quality, Governance & Performance Assurance)
DISCUSSED AT / INFORMED BY – Quality Committee			
PREVIOUSLY AGREED AT:	Committee/Group:	Date:	
RECOMMENDATION(S)	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.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Impact Assessment <i>If 'Yes' – expand in Section 2./attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		All	

NHSI Single Oversight Framework Choose a THEME(s)	2. Quality of Care (safe, effective, caring, responsive)
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1. PURPOSE/AIM

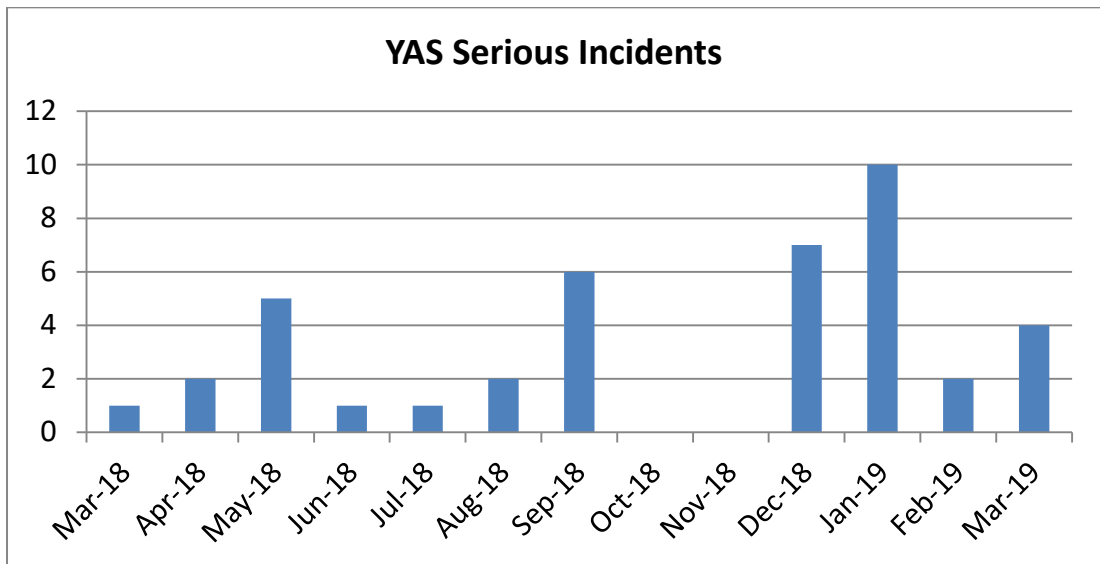
- 1.1 The purpose of the paper is provide an overview to the Board of the key events and learning that have taken place during the second half of the 18-19 financial year. This will cover Q3 and Q4 (October 2018 to March 2019).

2. BACKGROUND/CONTEXT

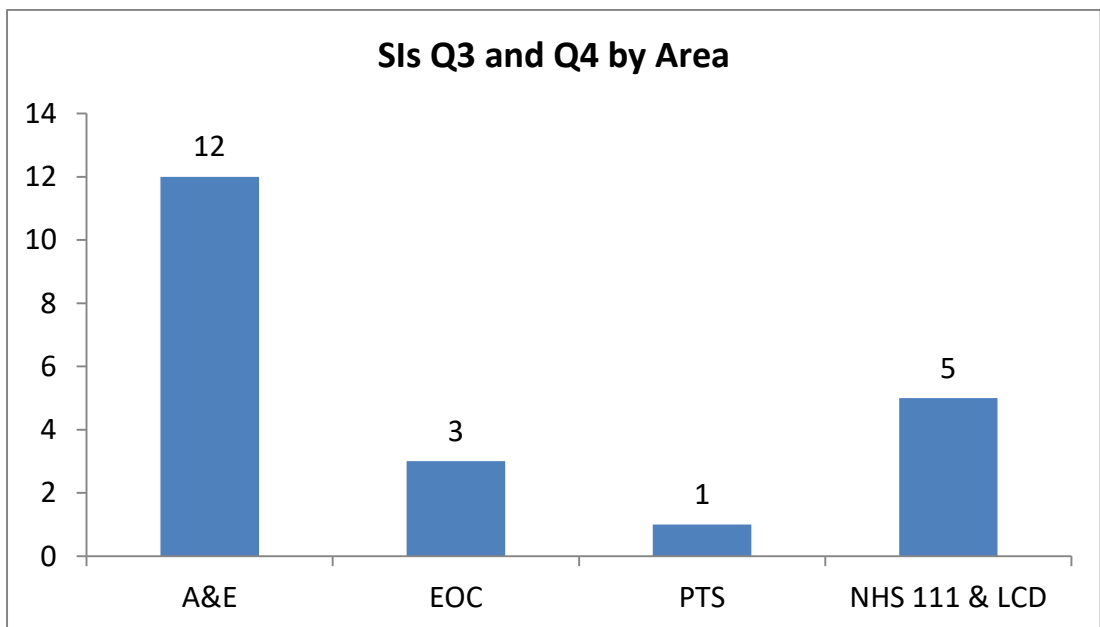
- 2.1 This report primarily covers the period 1 October 2018 to 31 March 2019.
- 2.2 Where necessary immediate action is taken to ensure patient and staff safety following an adverse event. This is followed by more formal review and analysis proportionate to the seriousness of the event, to ensure that 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 & patient experience – including requests received from other services and including the Ombudsman
 - Claims
 - Coroners Inquests – including Prevention of Future Death Reports (PFDs) received by the Trust.
 - Safeguarding Serious Case Reviews (SCRs) and Domestic Homicide Reviews (DHRs)
 - Professional Body Referrals
 - Clinical Case Reviews
 - Information Commissioner's Office notifications
 - Health & Safety Executive notifications
 - Duty of Candour (Being Open)
 - Freedom to Speak Up
- 2.4 Other sources may be included, based on the nature of the events occurring.

3. SERIOUS INCIDENTS (SIs)

- 3.1 During Q3 and Q4 18-19 the Trust reported 21 Serious Incidents. This is in comparison to 17 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 Q1 and Q2 18-19.

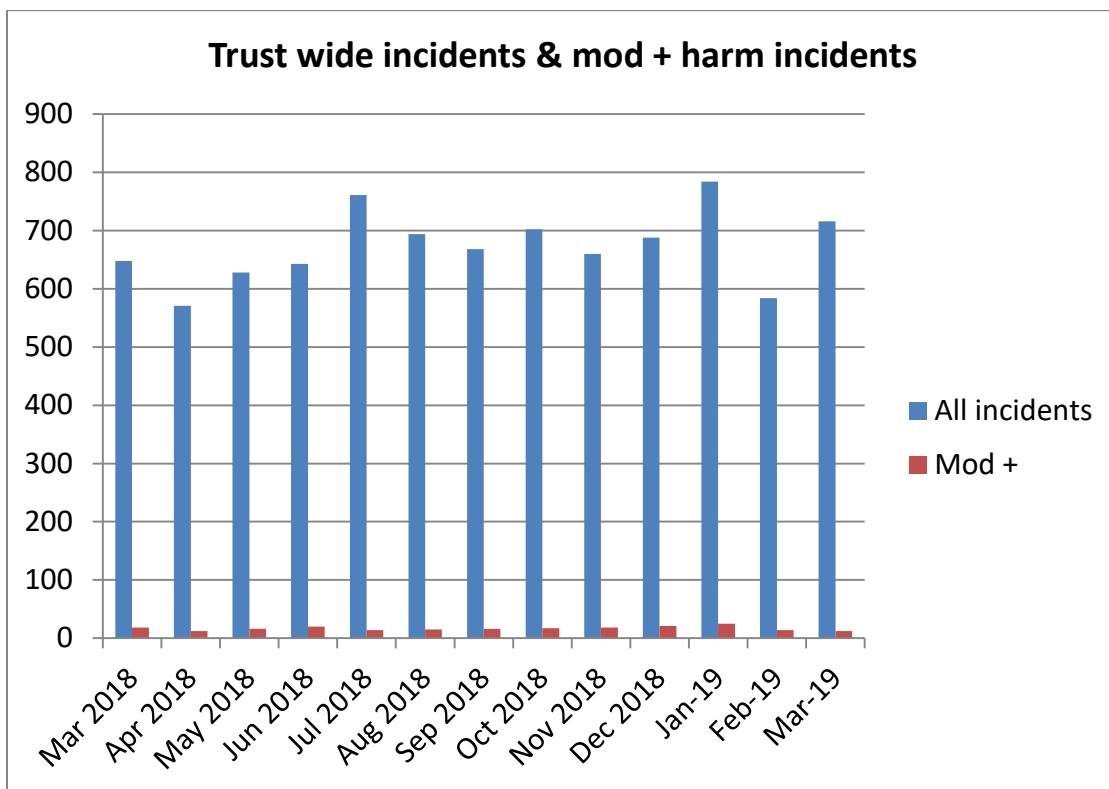


3.4 A theme identified in Quarters 3 and 4 related to maternity care and management. This involved review of 2 SIs which are under investigation by the Healthcare Safety Investigation Branch (HSIB) which identified a sense of nervousness from staff in managing obstetric emergencies. Additional education and training is to be provided in the Clinical Refresher from October 2019.

3.5 An incident was also reported which highlighted learning in relation to the moving and handling of patients. As a result, work was initiated to renew the training related to patient handling and consideration is being given to the potential benefit of increased subject matter expertise within the Trust.

4. INCIDENTS

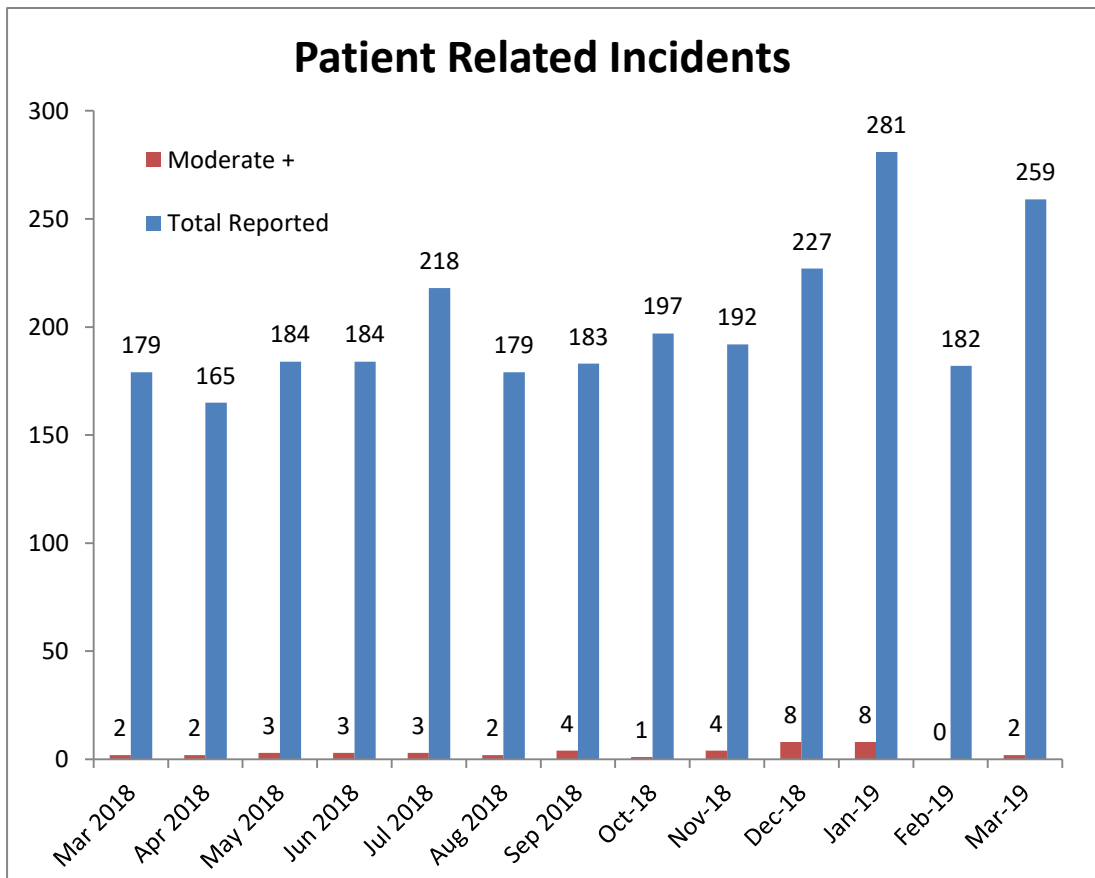
4.1 The graph below shows the number of moderate + incidents reported across all Trust business areas over the previous 12 months.



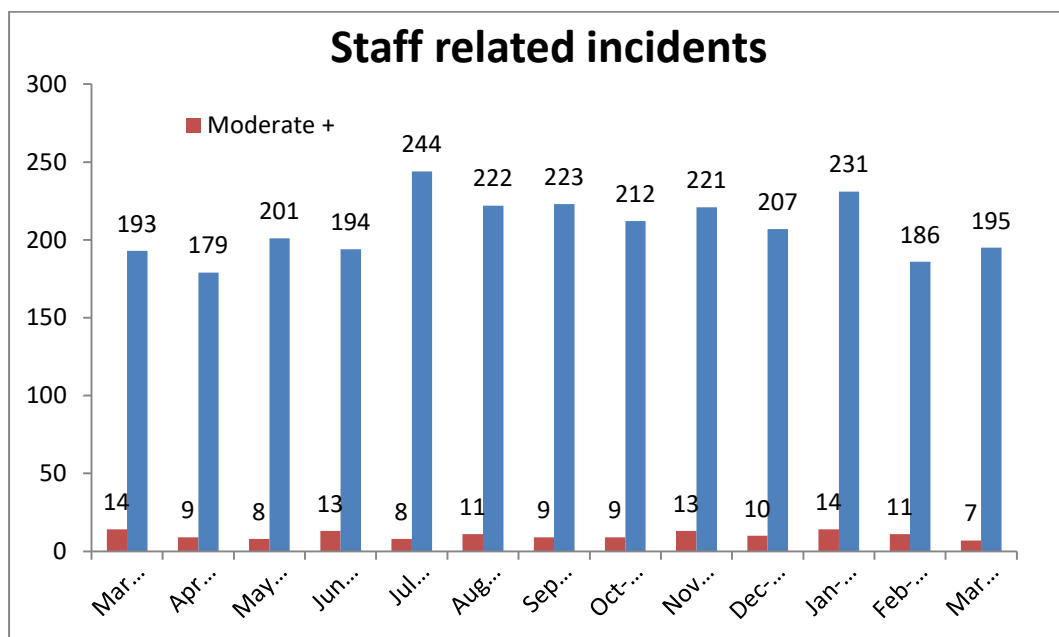
4.2 The chart below shows a breakdown of incidents and near misses reported within each service line. The chart details only the core service lines however incidents and near misses have also been reported within additional business areas to include Human Resources, Estates & Facilities and IT. These incidents are included within the figures represented within the chart inserted at 4.1.

	LCD (Local Care Direct)	NHS 111* *Now IUC	A&E Operations	EOC (Emergency Operations Centres)	PTS (Patient Transport Services) - Operations
Mar 2018	7	44	449	38	72
Apr 2018	2	41	360	58	69
May 2018	10	50	402	47	81
Jun 2018	3	49	386	43	110
Jul 2018	17	49	483	40	107
Aug 2018	4	50	450	45	84
Sep 2018	20	41	417	42	83
Oct 2018	13	52	421	19	130
Nov 2018	4	61	403	25	122
Dec 2018	7	67	416	58	92
Jan 2019	13	54	499	65	90
Feb 2019	13	56	339	38	96
Mar 2019	5	60	463	43	96
Total	118	675	5485	560	1229

4.3 The graph below show the breakdown of incidents by those that have affected patients.



- 4.4 Within the patient related incidents the highest category of incidents reported is response related. The EOC has a robust process for capturing incidents where there has been an excessive response and harm may have been caused to the patient. This is positive practice by the Trust to identify these real-time and understand whether harm has been caused. The majority of those reported are no harm or minor harm.
- 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. These number of incidents continue to fall year on year.
- 4.6 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.
- 4.7 The graph below show the breakdown of incidents by those that have affected staff.



- 4.8 Violence and Aggression remains in the top 3 reported categories of incident at YAS and the highest category of ‘Affected Staff’ incident. The category V&A includes physical assault; spitting, biting, punching and kicking, sexual assault, and verbal abuse; swearing, threats, racial and homophobic.
- 4.9 Conflict resolution training is being delivered face-to-face to frontline operational A&E Ops and PTS staff. The focus is on de-escalation techniques, the National Decision Model as part of the Safer Responding procedure, dynamic risk assessment and breakaway techniques as well as relevant legislation and theory.

The Risk Team are working with the YAS Academy to review this package and develop training packages for other staff groups, including communication centres in 111, PTS and EOC. During Q3 the LSMS spent time with frontline A&E Ops to understand their roles, and the situations they face when responding and has been reviewing closely the CRT offering currently delivered, with provisional recommendations being provided to the Executive Security Review group.

4.10 A Task and Finish Group has worked to formalise processes to support staff who are victims of violence and aggression, to apply a full range of sanctions and to pursue redress for damage to Trust assets. The Group includes representation from A&E Operations, Staff Side, and our Freedom to Speak up Guardian, Legal Services, Fleet Department, Frequent Caller Team, Health and Wellbeing, the LSMS and is coordinated by the Risk Team. A staff support booklet and managers' checklist has been developed and was launched during Q4. The group has also agreed processes between corporate support functions who work in the pursuance of redress for damage to Trust assets; usually vehicles and equipment and the prosecution process.

5. COMPLIMENTS, COMMENTS, CONCERNS & COMPLAINTS

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

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
A&E	51	33	42	47	44	47
EOC	43	41	30	32	32	27
PTS	69	69	57	47	62	64
NHS 111 & LCD	64	63	54	86	60	57
Total	227	206	183	212	198	195

5.2 The number of complaints and concerns has remained fairly consistent over the 6 month period. In previous years there has been a similar rise in complaints and concerns received in January, particularly in relation to NHS 111. This reflects the challenge of significantly increased activity over the festive period.

5.3 The complaints and concerns categorised as EOC relate to response times primarily and the call handling and dispatch elements must be investigated initially to understand if either of these were of concern. During this 6 month period 197 cases were closed, of which 140 were response related. 105 of these were upheld or partly upheld following investigation. When the reasons for the excessive response are investigated, 90% of these were due primarily to excessive demand on the service at particular points in time. The other 10% highlighted learning for the EOC relating to call handling and dispatch protocols.

5.4 Within the A&E service the largest category of complaint relates to attitude and behaviour. South Yorkshire has undertaken work during Q3 and Q4 on professional behaviours and communication skills.

This will be assessed for success and a decision made on whether this should be implemented across the organisation.

- 5.5 For the PTS, patient feedback reporting late collections reduced by 50% from Q3 to Q4, however during Q4 patient care feedback increased. The issues relate to episodes of care not being tailored to patient's specific needs, to include patients being left alone on the vehicle, lack of assistance with mobility and ensuring safety on arrival at home or hospital.
- 5.6 Within the 111 service, the highest category of complaint received is relating to call outcomes. During Q4 a Call Centre wide training day was held. Some of the topics covered were the use of Directory of Services and refreshers on Standard Operating Procedures including frequent caller process, call backs and CPR instructions.

Ombudsman

- 5.7 During this period, the Ombudsman has completed five investigations into complaints involving the A&E and EOC services; none of these cases were upheld.

Compliments

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

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
A&E	27	14	1	13	6	15	94	118	108	101
EOC	1	0	0	2	0	0	1	3	3	5
PTS	2	0	1	1	0	2	6	8	6	8
NHS 111 & LCD	7	12	11	9	13	10	10	5	4	4
Total	37	26	13	25	19	27	111	134	121	118

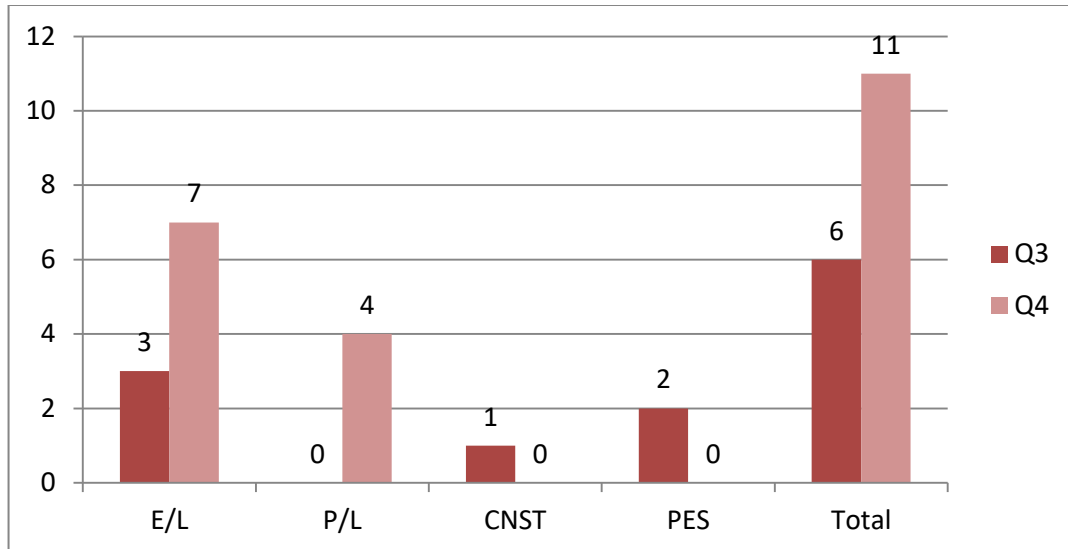
- 5.9 It should be noted that during Q3 & Q4 there was a backlog of compliments to process. During April 2019 additional resource was inputted to the Patient Relations team to manage this; all of the back log is now cleared and cases being inputted within 3 working days. On average, 100 compliments are received per month across the service lines. The data for April to July 2019 has been included for reference.

6. CLAIMS

- 6.1 At the end of Q4 there were 151 open claims against YAS that have been reported under the NHS Resolution Insurance Schemes.

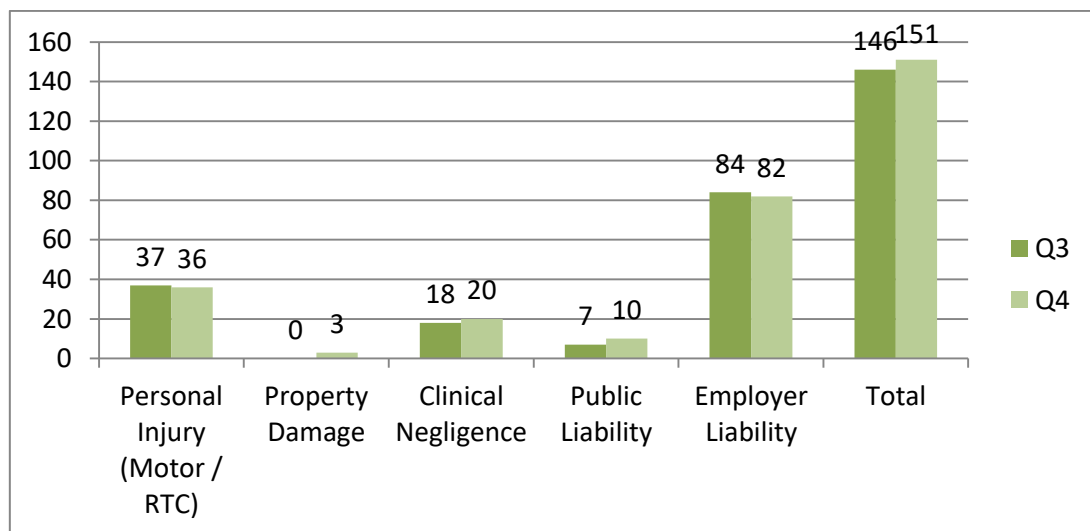
New Claims

- 6.2 The below graph details the new claims that have been received in Q3 and Q4 by type which shows an increase in the amount of new claims received, particularly in relation to Employer/Public Liability claims.



Open Claims

- 6.3 There are currently 151 open claims against the Trust that come under the NHS Resolution Insurance Scheme for Trusts. The below graph details the comparison of open claims for the last two quarters.



- 6.4 Employer liability claims remain the highest category of claims, with the highest sub-category moving from vehicle related to slips, trips and falls.
- 6.5 The Clinical Negligence (CN) claims continue to be reported in low numbers with no significant theme or trend arising.

6.6 These claims continue to remain low in volume and there are currently 10 open claims. No common theme or outstanding issues have been identified from these.

7. CORONERS INQUESTS INCLUDING PFDs

7.1 The Trust's frequency of involvement in inquests continues to remain high. There were 395 open inquest cases at the end of Q4, and during this period the Trust has received 184 new requests, the largest amounts being equal (=56) between the two Coroners in South Yorkshire and the Coroner for Hull & East Riding of Yorkshire. The Trust had provided evidence (written and/or oral) at 107 inquests. All figures provided for Q4 are in an increase from previous quarters.

Prevention of Future Death (PFD) reports

7.2 There has been one PFD report received during this period in relation to an inquest that was heard in November 17 involving the NHS 111 service where a number of errors were identified within the call handling process. The Coroner issued a PFD report due to there being errors made by a number of call takers and felt this may require a review of systems/training as opposed to individual action. A number of actions have since been implemented which included the development of additional guidance for call handlers and a review of the 'Managing Call Backs' standard operating procedure within 111. A full response has been provided to the Coroner to provide assurance that the concerns have been addressed.

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

8.1 YAS continues to provide information towards SCRs within the region and DHRs. Information was also submitted to Safeguarding Adult Reviews and Lessons Learned Reviews.

8.2 A key theme identified in Q3 relates to the management of patients that lack mental capacity to make the decision to be conveyed to hospital and related issues regarding therapeutic restraint/Best Interest decisions. This has been discussed in Incident Review Group. Historically, specific Mental Capacity Act 2005 (MCA) training was delivered by Capsticks Solicitors to all Clinical Supervisors on four dates in October and November 2017, the purpose to raise awareness of the clinicians statutory responsibilities regarding the Mental Capacity assessment. MCA is also incorporated into all Safeguarding mandatory training products. A piece of work led by the Clinical Directorate started in Q4 regarding the development of a pathway to support frontline practice decision making in relation to Mental health, Mental Capacity and Best Interest decisions.

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 key themes are;

Clinical assessment is often unstructured which can lead to a failure to recognise deteriorating and time critical patients. In addition, communication skills between clinicians and between patients should be improved upon. Actions to build on these themes are being incorporated into clinical refresher training.

11. INFORMATION COMMISSIONER'S OFFICE (ICO) NOTIFICATIONS

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

12. HEALTH & SAFETY EXECUTIVE (HSE) NOTIFICATIONS

- 12.1 The Trust received a letter from the HSE in November relating to the Kone Passenger / Goods Lift – Location Springhill 2 – Serial No: 901880.
- 12.2 This lift was inspected in September 2018 however, the letter from the HSE was not sent to YAS until November. In addition, the letter from the HSE was sent to a Unison Health and Safety Representative who forwarded it on to the Trust Health and Safety Manager.
- 12.3 The letter highlighted several items in the inspection report which required attention.
- 12.4 Information received from Estates department showed that, on receipt of the inspection report in September, the items were attended to straight away. An order was raised to ThyssenKrupp, YAS lift engineers, on the 3rd Sept and the works were completed on 6th, 14th and 24th September.
- 12.5 The Trust Health and Safety Manager also spoke with the HSE regarding the delay and mis-direction of the original letter and provided up to date contact details.

13. DUTY OF CANDOUR (BEING OPEN)

- 13.1 The Trust communicates openly 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 18-19 the Trust has applied the being open process to 30 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 21 concerns were raised via this process. The common theme arising, and this is consistent across the NHS, is in relation to staff leadership and management issues as opposed to direct patient safety concerns and a perception of bullying or harassing behaviour by staff members. The Trust is taking forward a range of initiatives under the people strategy to strengthen leadership and management skills.

14.3 In Q4 the FTSU Strategy was launched as part of the People Strategy. This sets out the Trust's plans for the next 5 years to develop the openness and transparency across the organisation to ensure people feel empowered to speak up.

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.