



MEETING TITLE Trust Board Meeting held in Public		MEETING DATE 25/01/2022	
TITLE of PAPER	Significant Events and lessons Learned	PAPER REF	TB21.069
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	This report provides the Trust Board with an update on significant events highlighted through Trust reporting systems and by external regulatory bodies and provides assurance on actions taken to effectively learn from adverse events.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Simon Davies, Head of Investigations and Learning Dave Green, Interim Associate Director of Quality and Safety	ACCOUNTABLE DIRECTOR	Clare Ashby, Interim Executive Director Quality Governance and Performance Assurance
DISCUSSED AT / INFORMED BY: –			
PREVIOUSLY AGREED AT:	Committee/Group: Quality Committee	Date: 16/12/21	
RECOMMENDATION(S)	It is recommended that the Trust Board 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		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Impact Assessment		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		1: Safe 2: Effective	
NHSI Single Oversight Framework Choose a THEME(s)		2. Quality of Care (safe, effective, caring, responsive)	

1. PURPOSE/AIM

- 1.1 This report provides the Trust Board, following presentation at Quality Committee, with an update on significant events highlighted through Trust reporting systems and by external regulatory bodies and provides assurance on actions taken to effectively learn from adverse events.

2. BACKGROUND/CONTEXT

- 2.1 This report primarily covers the period 1 July 2021 to 30 September 2021. On occasions thematic analysis covers longer time periods as specified within the report to enable aggregation of data and identification of key themes and trends across a number of different inputs.

- 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 events & lessons learned within the scope of this report include:

- Serious Incidents reported to the Trust's commissioners.
- Internal incidents reported.
- External requests
- Complaints – including requests received from the Ombudsman.
- Claims
- Coroners Inquests – including Preventing Future Deaths received by the Trust.
- Safeguarding Statutory Reviews, Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR), Child Safeguarding Practice Reviews (CSPR).
- Professional Body Referrals
- Patient Experience
- 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.

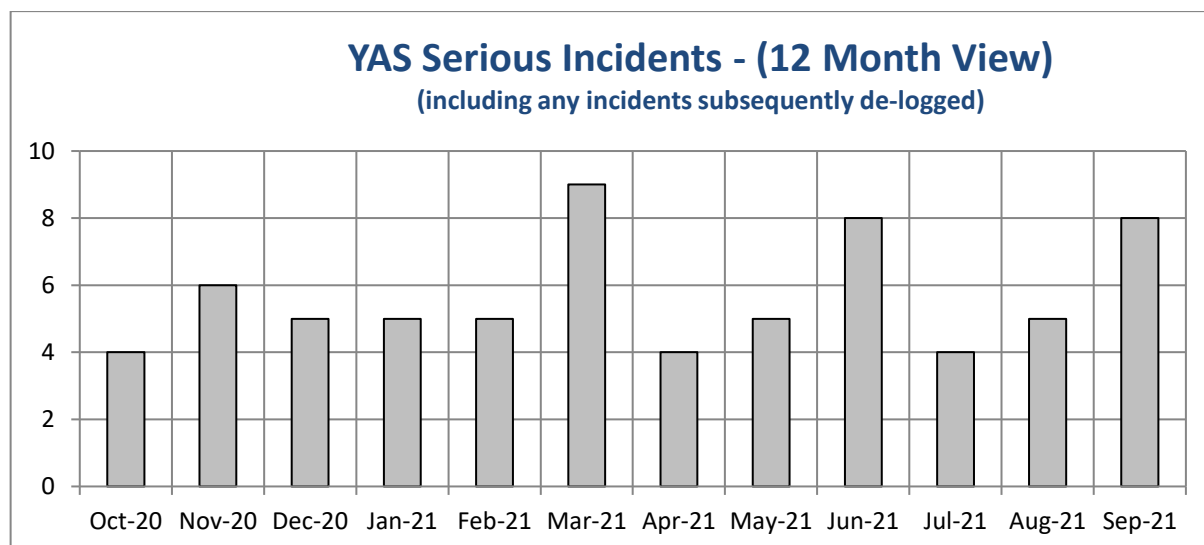
- 2.4 Key issues for the attention of the Board in this report:

- Section 3.1 New SI's reported in Q2.
- Section 3.2 Action taken in result of SIs.
- Section 3.10 External investigations
- Section 4.0 Incident Overview
- Section 4.9 Violence and aggression against staff
- Section 5.11 Learning arising from complaints.
- Section 5.12 Financial remedies associated with complaints.
- Section 6.0 Legal Services Overview
- Section 7.1 Safeguarding Overview
- Section 12 Safety Culture

3. SERIOUS INCIDENTS (SI's)

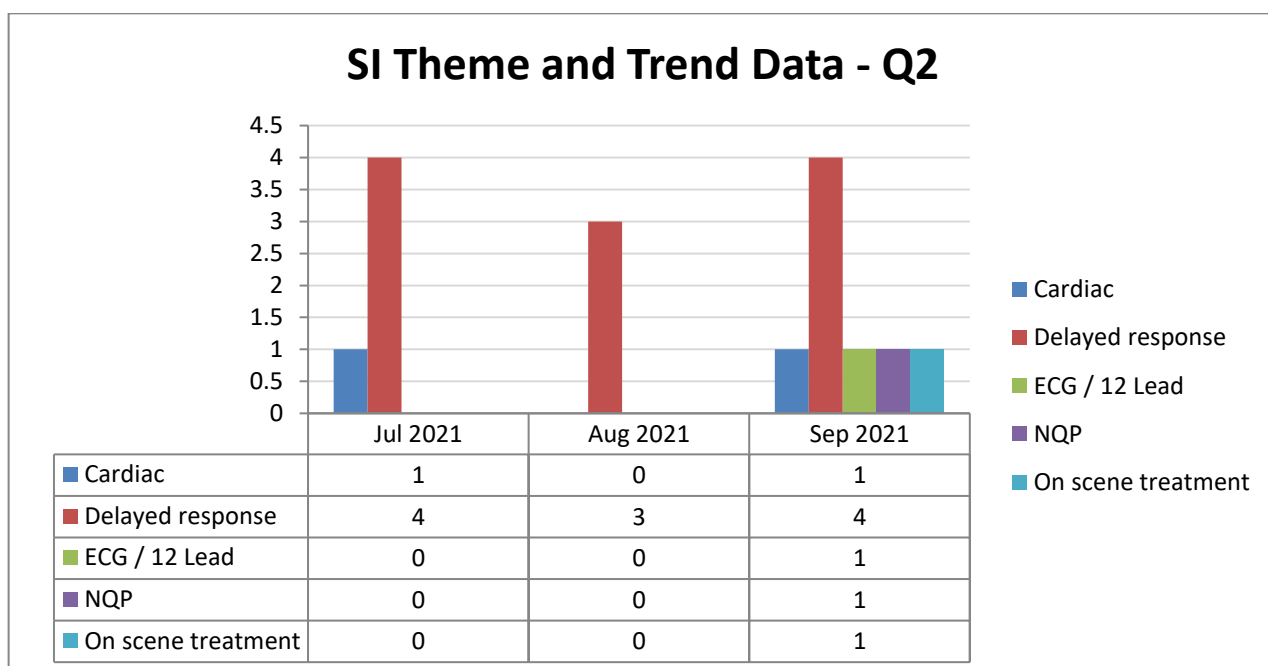
3.1 The Trust has reported 17 SIs during this reporting period.

The charts below show (by month) the number of SIs reported across the 12 month period 01 October 2020 to 30 September 2021 and a breakdown of STEIS reported categories for Q2.



Theme analysis tracked across Q2 shows the highest prevalence of SI reporting is attributable to delayed response, associated in the majority with hospital handover delays and excessive average turnaround times as a result of the national pandemic.

NB – Most cases have multiple themes and the figures below do not represent total numbers reported.



Total incident reporting for Q2 totalled 2423 cases, of which SI reporting represents a percentage figure of 0.7%, equal to the % from Q1.

Actions Taken Following SI Investigations:

- 3.2 Investigations are ongoing for all cases reported during this quarter. Due to the pandemic and clinical colleagues being repositioned to support critical functions within the organisation, investigation work is taking longer than the statutory 60 days.

This metric however has been suspended from the national SI Framework since May 2019 and the Trust is maintaining contact with families and relatives involved throughout any associated delays with updates where appropriate.

- 3.3 A monthly Trust wide safety update is posted to all bulletin boards and shared with colleagues via email in order to update any current Themes and Trends seen within the organisation.
- 3.4 In response to identified themes, YAS has developed the Safer Right Care Right Place framework. Infographics will be sent out to clinical staff through a communication drive around assessment, documentation, history taking, communication skills and decision making. Staff will be given their own copy of the Oxford Handbook of Clinical Examination and Practical Skills. The framework will be embedded into training for EMT staff level and upwards.
- 3.5 The Trust has reacted to demands in individual hospital trusts to support patient flow and to support the discharge of patients to free up capacity – Regional Operational Centre and PTS have been working daily to increase the number of discharges. A&E Operations have also supported with movement of patients whilst the patient pathway team have worked closely with colleagues in other Trusts to utilise existing community pathways to support patients at home and avoiding unnecessary admissions.
- 3.6 The Emergency Operations Centre (EOC) clinical hub have also been utilising community pathways and GP services as well as alternative treatment centres, such as walk in centres to reduce hospital capacities. Where demand exceeds capability in hospitals the Trust will allocate a senior clinician to support the hospital and department to free up ambulance resources. Within EOC, the current Dispatch SOPS are being reviewed which will support the dispatch process and give clear direction to dispatchers on processes of crew allocation.
- 3.7 Trust 'Patient Safety Specialists' (PSS) liaise with NHS England and Improvement on a regular basis to review and provide feedback into the national move to PSIRF in 2022, also to share best practice and learning with other colleagues.
- 3.8 During Q2, the Trust moved to REAP4 and as a result review of excessive response was escalated to a structured daily process of review, coordinated by the central quality team and completed by locality clinical governance leads.
- 3.9 Significant learning from investigations is shared across the Trust within the monthly safety update (Appendix A refers to those shared during Q2). All actions arising from SI investigations continue to be tracked by the Quality & Safety team and reported to commissioners. Internally actions remain open until written evidence is provided to the Quality & Safety team to confirm completion. Implementation is then monitored by tracking incidents, near misses and issues/concerns reported on Datix.

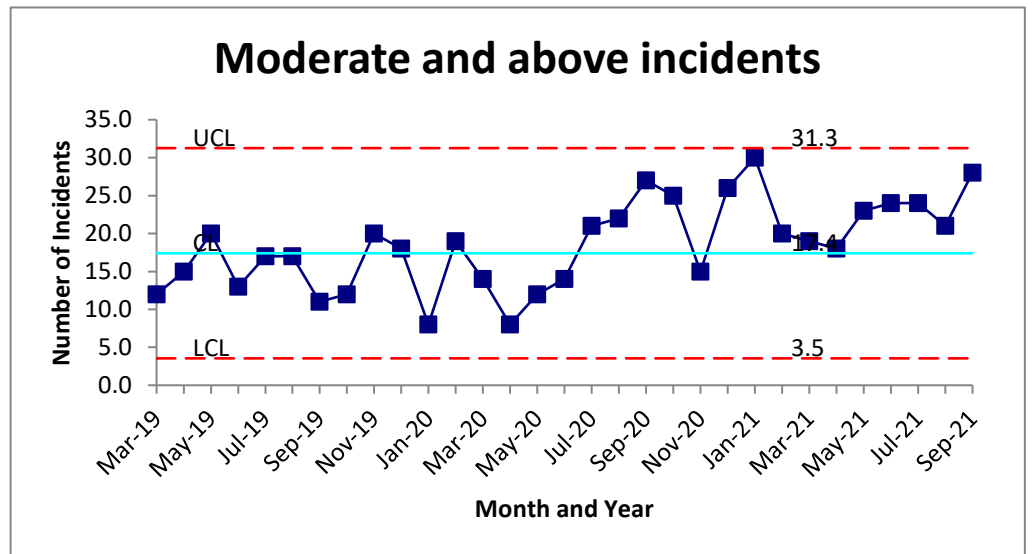
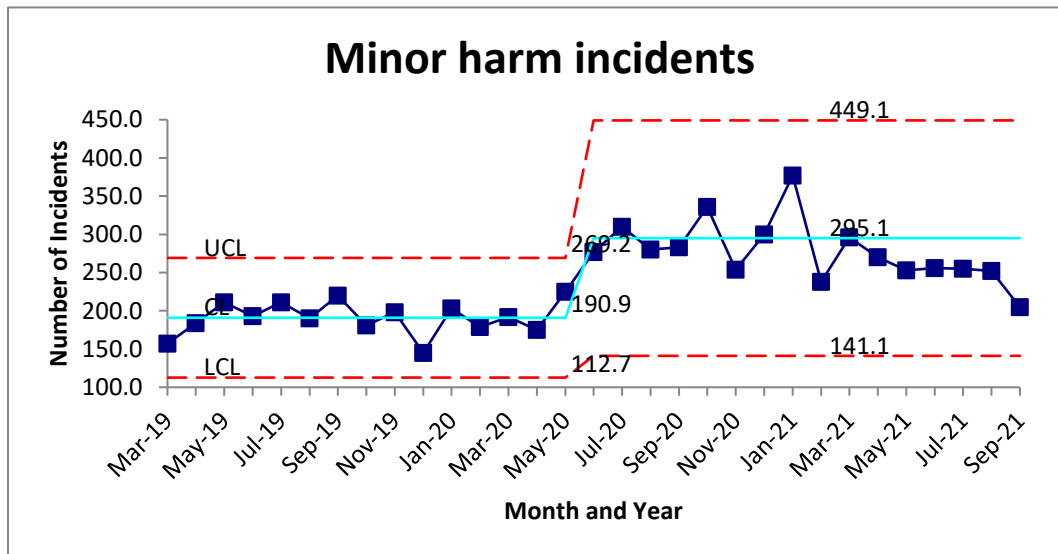
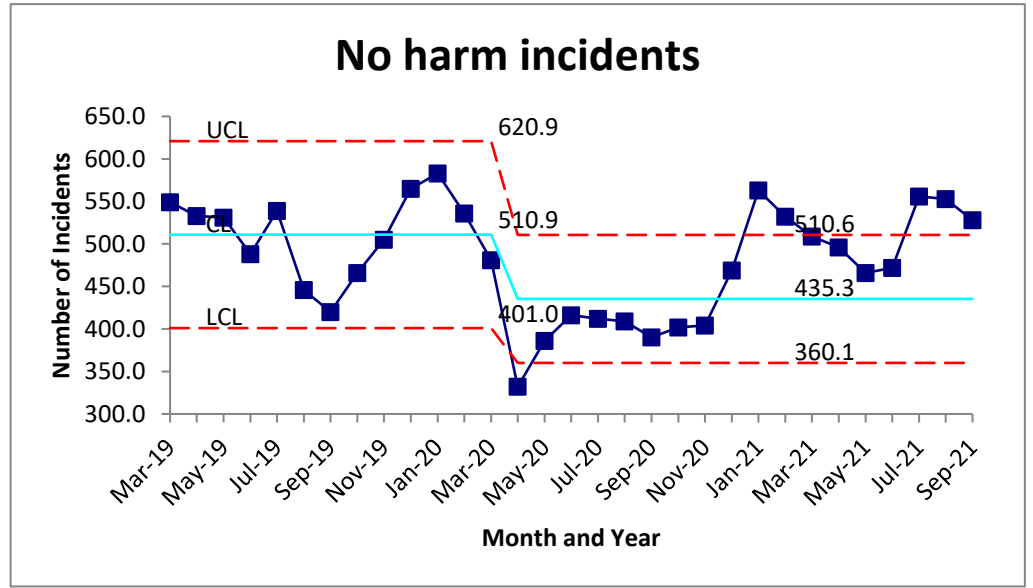
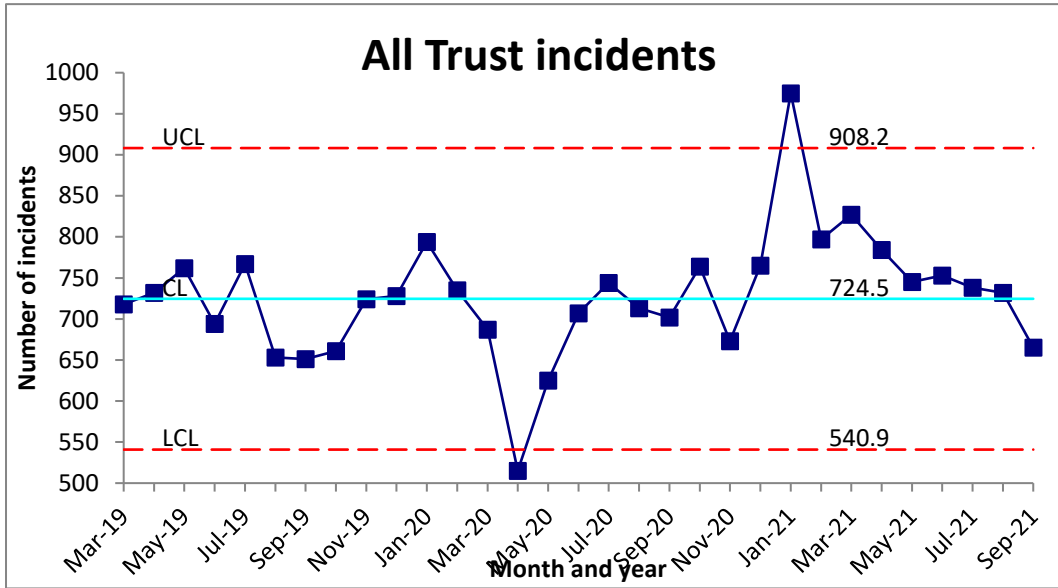
The Trust regularly meets with commissioners to review SI action plan evidence to provide assurance of delivery on an individual case basis in addition to collectively identifying common themes in quarterly contractual reports.

External Investigations

- 3.10 The number of multi-organisational serious incidents/never events and root cause analysis where YAS has been invited and asked to contribute to an investigation and any learning identified for YAS.
- 3.11 The Trust Quality and Safety team are managing significant numbers of requests from regional partners in as timely manner as possible via the use of a shared inbox within the team and this is being closely monitored to ensure that partners are given realistic expectations regarding response timeframes.

4. INCIDENT OVERVIEW

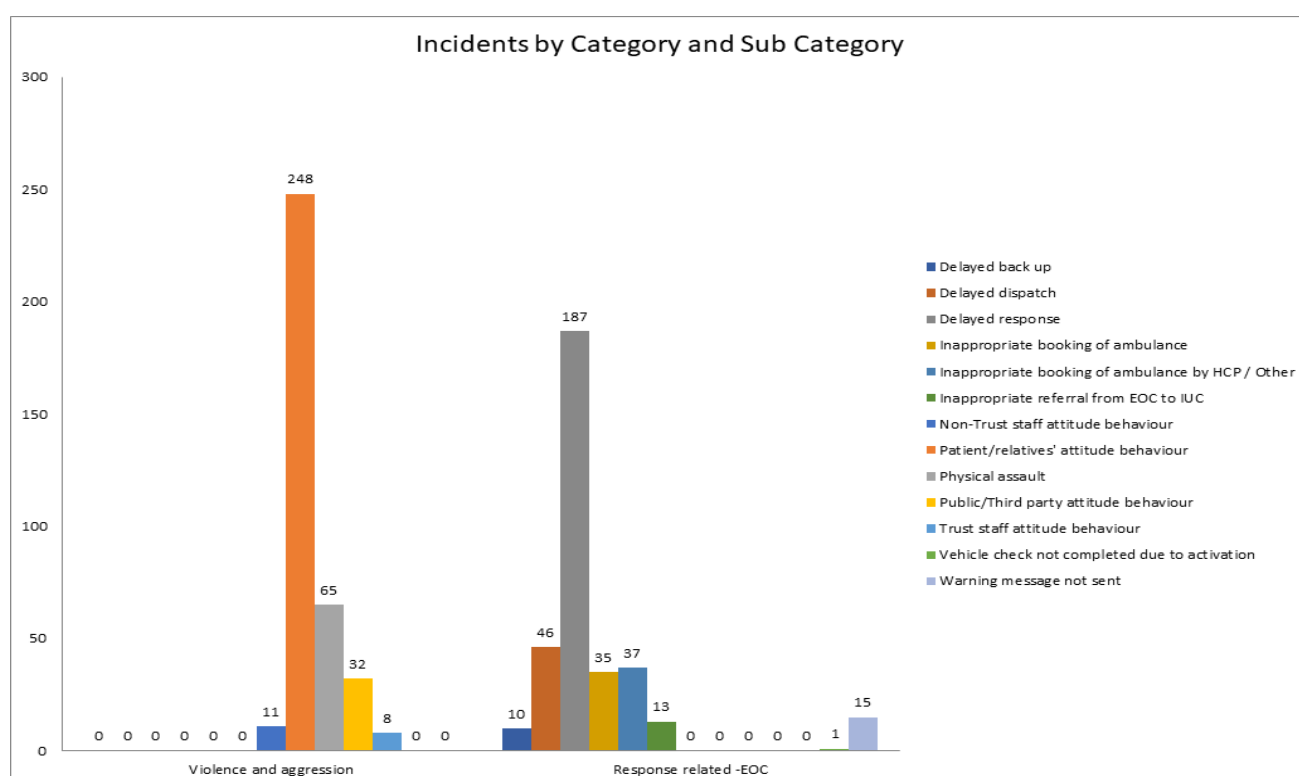
4.1 The SPC charts below show the number of incidents by reported date across the 30 month period 01 March 2019 – 30 September 2021. Incidents at all severity levels remain within normal limits throughout Q2, with a downward trend noted towards normal pre pandemic levels across all but moderate and above activity. Increased Near-Miss reporting in Q2 has contributed to points above expected tolerance for no harm incidents.



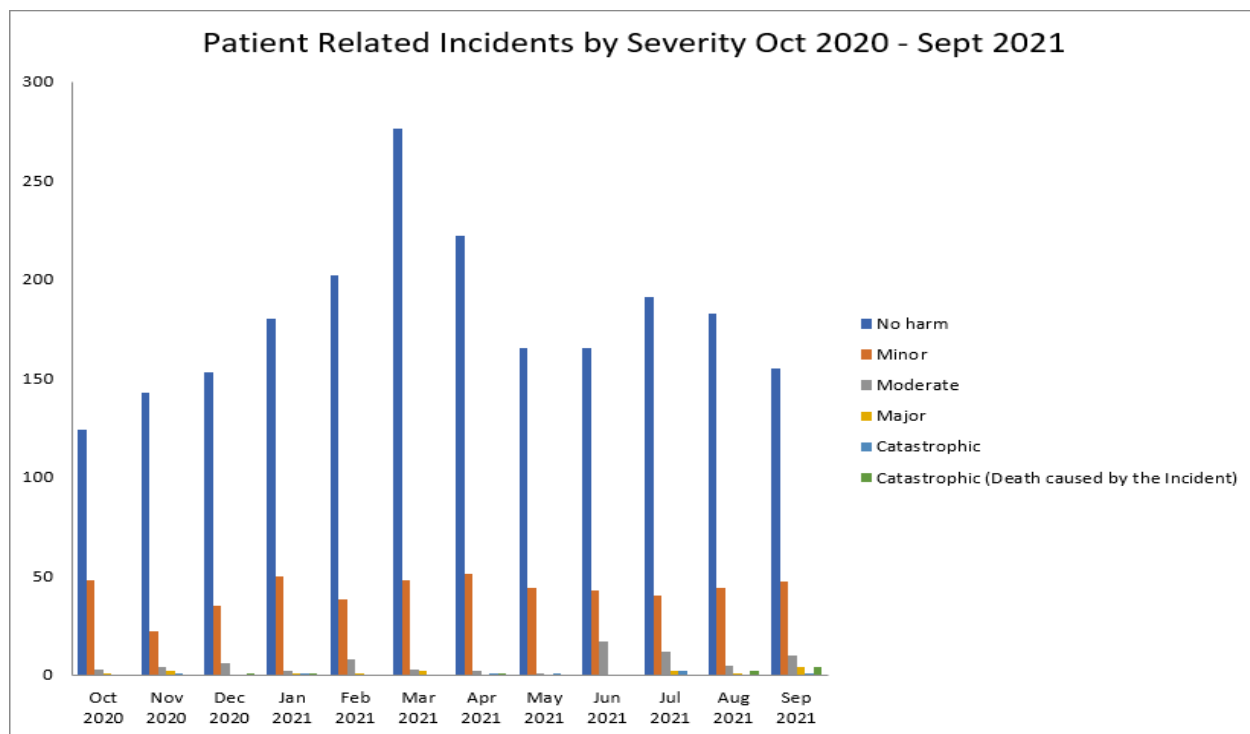
4.2 The chart below identifies the incidents and near misses by reported date across Q1/Q2 for the key operational service areas.

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Total
Integrated Urgent Care (IUC)	111	91	96	91	81	95	565
Patient Transport Service (PTS)	103	98	107	103	95	89	595
Performance, Assurance and Risk	1	0	0	0	4	2	7
Safeguarding	6	3	3	1	1	1	15
Quality and Nursing	3	2	3	35	42	41	126
Estates and Facilities	1	0	0	1	1	0	3
Fleet	10	8	13	9	3	6	49
Procurement and Logistics	1	4	2	3	2	3	15
Ancillary Services	6	2	1	4	1	1	15
Resilience and Special Services	15	2	6	8	4	4	39
A&E Operations	468	505	477	456	455	398	2759
Emergency Operations Centre (EOC)	56	26	35	24	37	23	201
Medical - Non Operational	1	1	0	0	2	1	5
Office Services	2	0	0	1	0	0	3
West Yorkshire Medic Response Team	0	1	0	0	1	0	2
Workforce and OD	0	1	0	1	0	0	2
Corporate Communications	0	0	1	0	0	0	1
Legal Services	0	0	1	0	0	0	1
Finance	0	0	4	1	1	1	7
Information Technology (ICT)	0	0	1	0	1	0	2
Medical Equipment	0	0	1	0	0	0	1
Total	784	744	751	738	731	665	4413

4.3 The chart below shows the top 2 categories of incidents reported during Q2:

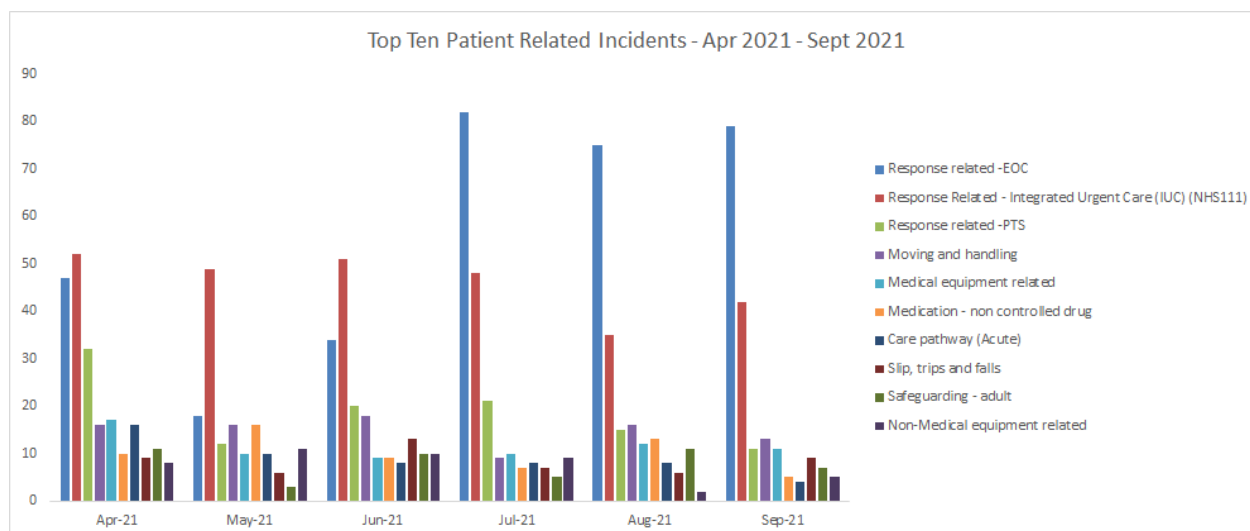


4.4 The chart below shows the number of incidents reported on Datix that have affected patients in all categories by severity. The proportion of incidents coded moderate or above remains in line with previous quarters and gives assurance that YAS are acting on low level incidents to reduce the amount of higher severity incidents.



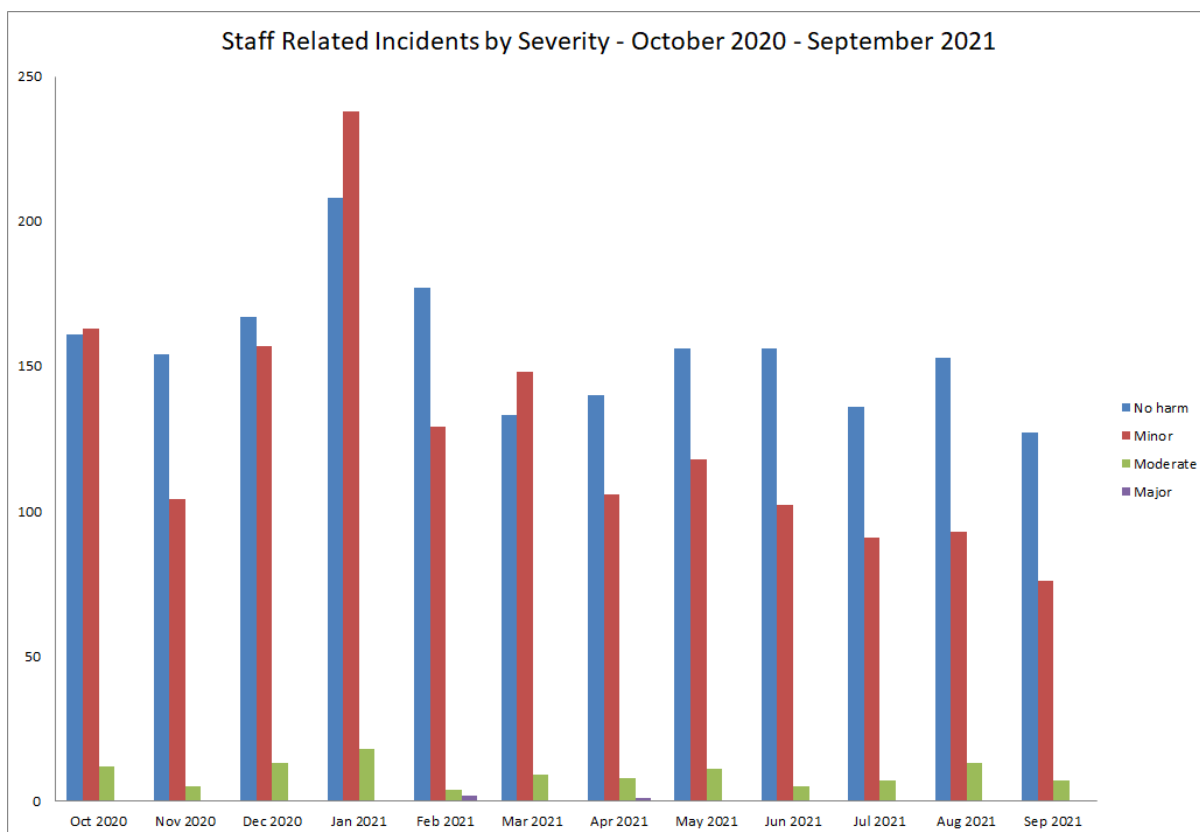
4.5 The highest reporting category for patient related incidents during Q2 were response related within EOC, IUC / 111 and PTS. The chart below shows the top 10 categories of collated data.

4.6 Significant reporting of excessive response within March is representative of second pandemic wave excessive demand on the service and retrospective reporting into the DCIQ system of ongoing excessive response incidents for earlier months.

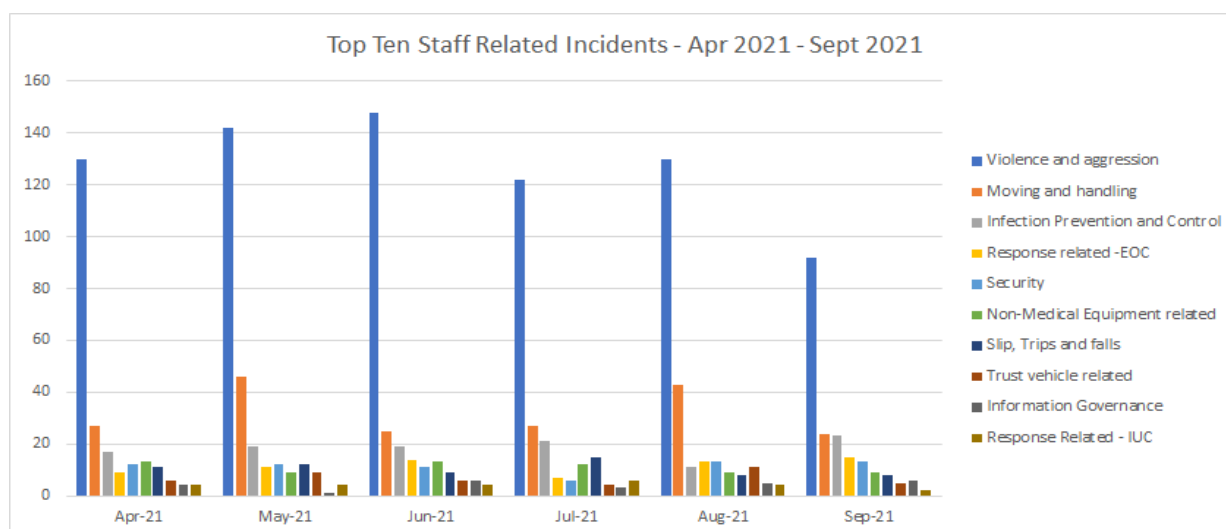


4.7 The chart below shows the number of incidents reported on Datix that have affected staff in all categories by severity. The proportion of incidents coded moderate or above remains low and in line with previous quarters with higher numbers reported during the pandemic period as a result of peaks and troughs in increased demand on the service.

4.8 Assurance can be taken therefore that YAS are acting on low level incidents to reduce the amount of higher severity incidents.



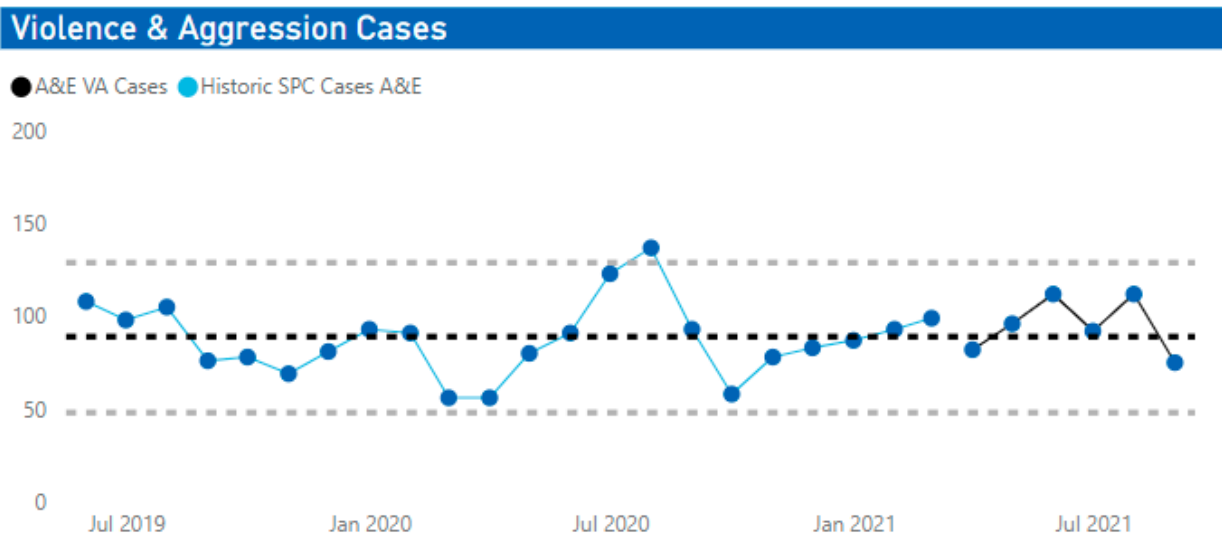
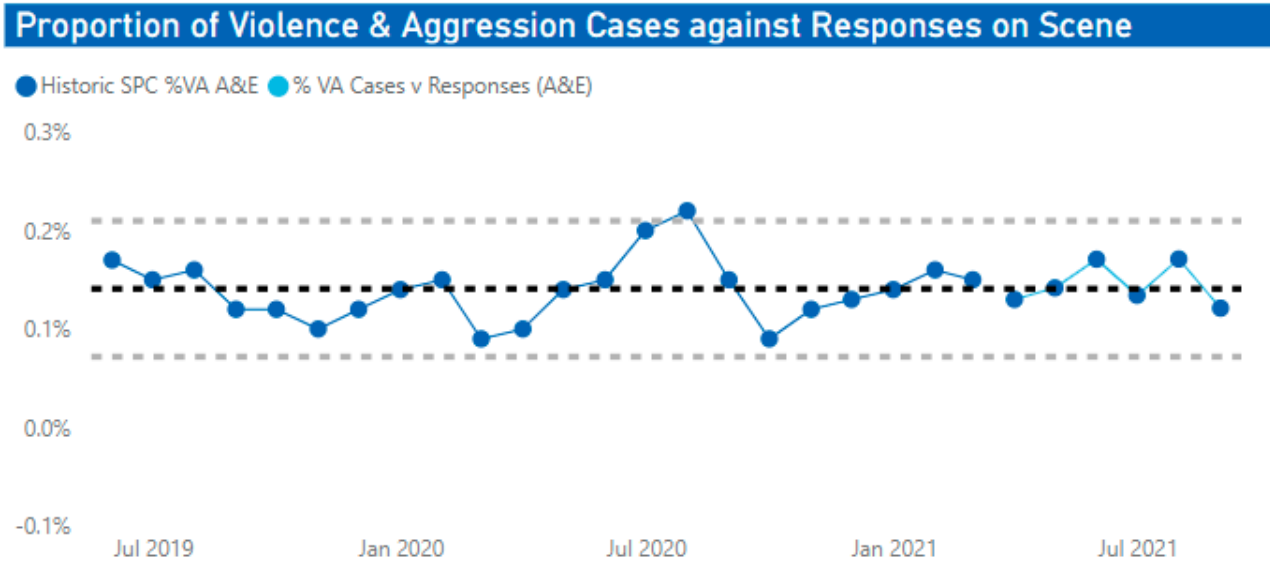
4.9 The highest reporting category for staff related incidents during Q2 were violence & aggression and Moving and Handling.



4.10 Violence and Aggression has remained in the top reported category of incident at YAS and continues to be the highest category of 'Affected Staff' incident overall.

Unfortunately, significant increases in reporting of cases of this type have been seen throughout the pandemic, and particularly during periods of national lockdown.

- 4.11 The category V&A includes physical assault; spitting, biting, punching and kicking, sexual assault, and verbal abuse; swearing, threats, racial and homophobic.



- 4.12 During Q2, the Trust has seen the continued positive implementation around the introduction of the new data flag process that was launched earlier on Q1. These flags are still currently graded as High, Medium, Low and for information only. It is to be assured that all IT issues that were reported throughout the Q1 report in regard to the Data Flag process have been resolved. The process is continuing to prove successful and is greatly accepted by frontline staff members and the EOC/IUC call centres.

- 4.13 The Trust experienced an increase in Violence and Aggression incidents throughout August, however this then decreased in September. The majority of incidents throughout Q2 were of no harm followed by incidents of a minor nature. Throughout quarter two there have been a small proportion of moderate incidents with no major incidents reported.

- 4.14 Throughout Q2 the majority of physical assaults staff were experiencing were categorised as aggressive/threatening behaviour, kicked, punched and verbal. Throughout the week of 23/08/2021 there was an increase of assaults with weapons. It is to be assured that these staff members are continued to be supported by their line managers and by the Post Incident Care (PIC) Process.
- 4.15 Throughout Q2 the Trust has seen an increase in the amount of Violence and Aggression incidents reported against the PTS service. Most of the cases have been due to the increase in reporting for dementia patients, although these are violence and aggression incidents the aggression is caused by a medical condition and not malice. The Trust are to be assured that the recent changes to Datix can now reflect any contributory factor that may have led to the violence or aggression, which assists in contextualising these incidents further. PTS continue to work towards providing a staff with better understanding for the medical conditions PTS patients can present with and they have been collaborating recently with the Dementia champion to introduce new practices for this purpose. PTS has also seen an increase in the number of reports of family members becoming aggressive due to moving and handling issues i.e. Bariatric or wheelchair access into properties.
- 4.16 Throughout Q2 Incidents reported via NHS 111/ IUC and EOC have been of a verbal and uncooperative nature. This is then followed by an increase in calls of a sexual nature. A number of times the police have been informed via 101 and individuals advised they intend to support a prosecution with the police. Support is continued to be provided by the NHS111 Health and Wellbeing Team including the staff members Line Managers (Team Leaders) and managers throughout EOC.
- 4.17 During this quarter, there has been an increase in the number of incidents that have been reported due to Non-Trust Staff behaviour. When an incident occurs involving staff outside of the organisation service to service feedback is provided where relevant.
- 4.18 The Trust continues to ensure that all staff members across all service lines, who have been involved in any violent or aggressive incident receives continuous and appropriate ongoing support.

Quality Alerts (Service to Service - Outgoing Incidents)

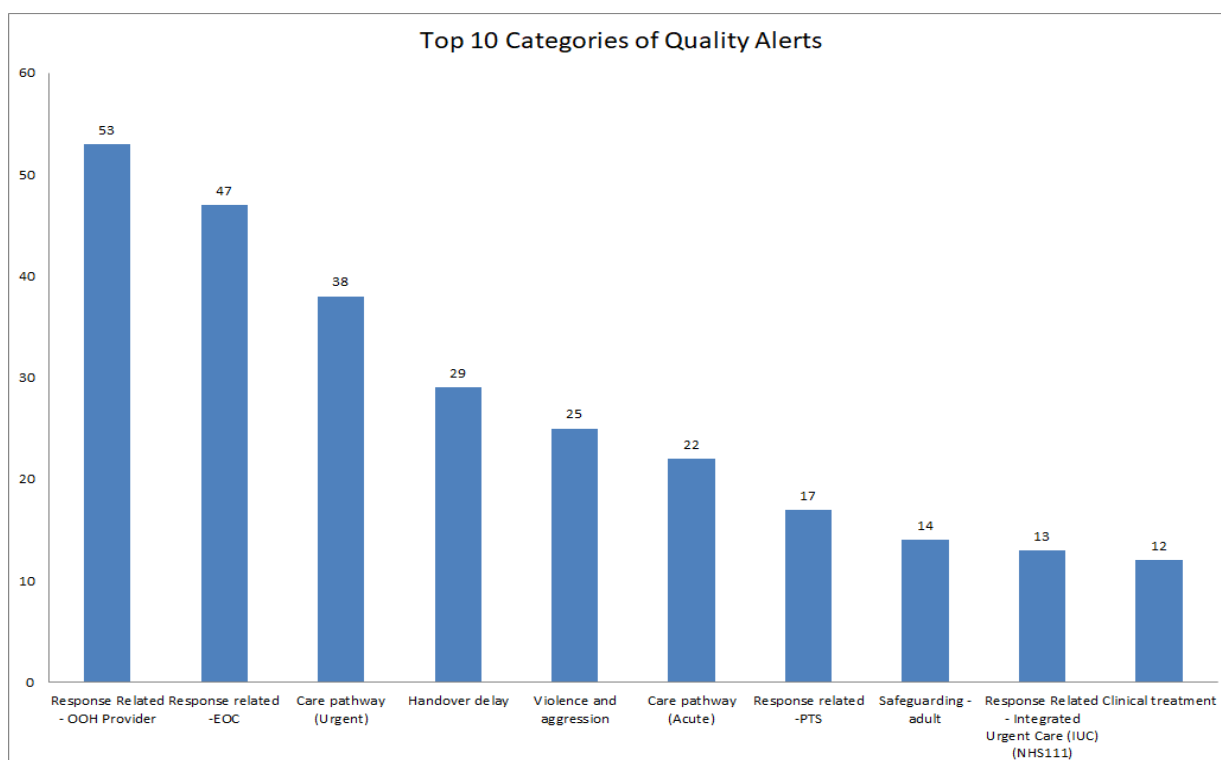
- 4.19 In Q2 the Quality Alerts following its process review alerts are now sent within 7 days of the incident being reported.
- 4.20 As part of this review of process we are also monitoring the number of responses received back to YAS from these alerts to measure if the change to approach to these means people are more likely to respond. If the alerts are issued closer to the incident, they may also be more likely to respond.

For Q2 we have had a response of 27.5% of Quality alerts sent out.

4.21 The table below shows Q2 quality alerts reported by Service.

	Integrated Urgent Care (IUC)	Patient Transport Service (PTS)	A&E Operations	Emergency Operations Centre (EOC)	Support Services
Total Number	67	43	194	16	0

4.22 The below graph shows the top 10 categories for reported Quality Alerts.



5. COMPLAINTS, CONCERNS, COMPLIMENTS AND COMMENTS (4CS) & PATIENT EXPERIENCE

5.1 The tables below highlight the spread of 4Cs across the Trust for Quarter 2.

Complaints and Concerns received (inc. Service to Service issues raised)			
	July 2021	Aug 2021	Sept 2021
Call Handling & Dispatch	74	75	76
A&E Ops	61	74	78
PTS	62	47	49
IUC (111)	94	55	66
TOTAL	291	251	269

Compliments received			
	Jul 2021	Aug 2021	Sept 2021
Call Handling & Dispatch	3	3	3
A&E Ops	121	76	111
PTS	6	4	5
IUC (111)	4	2	1
TOTAL	134*	85	120

*There were an additional 27 compliments received in June not reflected in the June data. These were not processed in time for the reporting cut-off date due to the excessive demand on the Patient Relations team due to increased complaints and concerns cases received during the month. These 27 compliments are therefore included in the July figure reported above.

- 5.2 The table below is an analysis to demonstrate the key issues associated with complaints and concerns (including service to service issues) raised in respect of excessive responses to emergency calls. This analysis is not reportable on cases received during the period as the outcome is unknown until the investigation has completed. Therefore, the data is displayed in relation to those cases closed during the quarter. A delayed response may be due to a number of reasons and therefore the number of reasons reported is greater than the number of cases upheld and partly upheld.

Call Handling & Dispatch cases closed with outcomes	
July 2021 – Sept 2021	
Cases Closed	135
Excessive Response cases closed	91
Excessive response cases upheld and partly upheld	78
Upheld reason	(note more than one reason may apply per case)
Demand Exceeding Capacity	75
EMD Error	4
Dispatcher Error	4
Clinical Hub Error	1
Operational Difficulties	4
System Failure	0
Other	0

- 5.3 Complaint and concern response timescales are monitored and reported against achievement of the timescales which have been agreed with the Complainants. The target is 85%. Current performance is at 80% for the whole of the Trust. Performance in A&E services was 74% in September and PTS was 81%. IUC achieved 100%.
- 5.4 The significant increase in cases received has continued throughout the whole of the quarter impacting upon the ability of the Patient Relations team to meet this target.

A&E Call Handling and Dispatch

- 5.5 The number of cases received for 999 call handling and dispatch has increased by 30% from last quarter and is 186% higher than Q2 2020/21. Cases related to delayed responses have increased by 40% from last quarter and call handling cases have increased by just 7%.
- 5.6 The largest category of complaint across the Trust relating to 999 call handling and dispatch this quarter is delayed responses to IHT calls followed by delayed responses to Category 3 calls, then Category 2 calls.

A&E Operations

- 5.7 Cases received for A&E Operational Services has decreased (by 0.9%) and is comparable to levels received in Q2 2020/21. There has been a decrease in Clinical cases from last quarter whilst attitude cases and operational cases have increased - specifically related to driving and pathways.
- 5.8 The largest category of complaint across the Trust for A&E services continues to be attitude and communication skills followed by clinical assessment. Attitude and communication skills complaints have increased by 30% from last quarter and clinical assessment cases have decreased by 35%.

PTS

- 5.9 Numbers of complaints received about the PTS Service in Quarter 2 are comparable to Quarter 1. There have been increases in the number of cases about PTS communications administration errors, operational staff attitude, and driving issues. There has been a reduction in the number of cases about PTS communications and the time taken to answer calls, patients collected late from clinic, failed discharges, and unsuitable transport. The highest category this quarter is operational staff attitude followed by patient care.

Integrated Urgent Care

- 5.10 The total number of cases received this quarter for IUC has increased by 31%. This increase is entirely due to the volume of cases about Incorrect demographics and clinical call outcome. The highest category of complaint this quarter is clinical call outcome which accounts for 40% of the cases. Secondary are incorrect demographics and clinical appropriateness of referral. There has been a reduction in cases about telephone manner.

Service Improvements implemented from individual complaints

- 5.11 The following Trust level and team level improvements have been made from complaints and concerns (including health care professional concerns) which have been investigated and responded to during the quarter. In addition, many individual

level improvements have been made in the form of feedback to individual staff members on errors made which are not listed below.

A&E Call Handling and Dispatch

- Deputy Medical Director has taken forward the issues (regarding the length of time taken for a care home to receive a telephone call from a clinical advisor) to the EOC Governance meeting to identify what measures can be implemented to reduce delays.
- Executive leads liaising with colleagues in the wider system highlighting handover delays and the impact on operational delivery.

A&E Operations

- EMD and dispatcher SOP to be amended to update forced entry process.
- The Area Clinical Governance Leads continue to monitor and audit delayed responses and feedback to Incident Response Group on themes.

PTS

- More information for patients around booking times. PTS is in the process of putting together information around this on the website.
- Actions undertaken to keep a line of communication open with the clinic and patient informing them of the delays with patient transport via PTS logistics.

IUC

- Following a review of the assessment process it has highlighted that outcomes of this timeframe are generated by NHS Pathways and NHS 111 is not able to change this. It was agreed at the meeting that LCD would raise their concerns directly with NHS pathways.

Financial remedies

- 5.12 A total of £6683.10 has been paid in financial remedies this quarter as a result of complaints upheld under local procedure.

Ombudsman requests

- 5.11 During Quarter 2 there have been no new Ombudsman cases commenced and none concluded.

Patient Survey responses

- 5.12 We continue to survey A&E and PTS patients on a quarterly basis and receive positive feedback.

A&E

- 5.13 999 call – 81% of respondents find the 999 call takers reassuring and 67% the length of time waiting for the ambulance to arrive acceptable. We aspire to achieve a 90% positive response to this aspect of our service. 79% of respondents felt the 999 call taker listened carefully. All these percentages have reduced from last quarter. We dispatched an ambulance to 80% of the respondents' calls compared to 93% last quarter.
- 5.14 Ambulance Care – 71% of respondents were positive about the care and treatment received from the ambulance crews, understanding the explanations they were given. This has reduced from 76% last quarter. 74% found the crews reassuring and 73% felt safe whilst in their care. All these percentages have reduced from last

quarter with the exception of finding the crews reassuring which has improved slightly.

- 5.15 Overall Service – 74% of respondents were happy with the service overall, which has reduced from 78% last quarter, and 74% felt they were treated with dignity and respect, which has also reduced – from 81%.
- 5.16 This quarter the narrative comments received are significantly different to previous quarters in both volume and content. There are usually in excess of 60 comments received with at least 75% positive in nature relating to the care and professionalism of the staff. The negative comments are usually predominantly about response times and occasionally attitude.

This quarter there were 8 narrative comments made – 2 positive and 6 negative.

The 2 positive comments were:-

- Great care taken transferring patient between trolley and bed (ABL CBU Area)
- Respect shown to patient's requests and level of anxiety and also good understanding of the language barrier (ABL CBU Area)

The 6 negative comments were:-

- Time taken to answer 999 call and low category allocated to call (Unknown Area)
- Lack of dignity and respect in transferring patient to ambulance (North Yorks CBU Area)
- Four comments concerning attitude and lack of care, patients feeling they have been treated poorly on account of their ethnicity and that staff have been racist. Two were in respect of call handlers and two in respect of ambulance crews (All ABL CBU Area)

- 5.17 As the survey is anonymous we do not have contact details of the respondents to further investigate these comments.
- 5.18 The reduced satisfaction reflected in the survey responses is likely to be as a result of the increasing demands on the service over the last few months impacting on the timeliness, responsiveness and quality of service received by patients.

PTS

- 5.19 523 surveys were sent out this quarter and there were 116 returned which is a return rate of 22%.
- 88% of respondents were happy with the time taken to answer their call to the booking line. This is an improvement from last quarter.
 - 92% of respondents were happy with the call handlers.
 - 92% are confident they will get to their hospital appointments on time with 90% receiving contact on the day to advise them of the time to be ready to travel.
 - 31% of respondents said the driver told them which way they would be going and how long it would take.
 - 61% said the driver did not but they did not need to know, whilst 4.3% said the driver did not and they would have liked to have known and 3.4% did not feel comfortable asking.

- 64% of respondents report being kept informed regarding their transport home (this has improved from last quarter).
- 87% felt comfortable and cared for during their wait, this too has improved from last quarter.
- 97%, in respect of the actual journeys state they feel safe, 96% that they are treated with dignity and respect.
- 95% enjoy the company of the staff and 92% would recommend the service.
- 93% felt the vehicle was comfortable and was appropriate for their needs. All these measures have declined slightly from last quarter.
- 84% said staff escorted them to their destination and 16% said they did not need assistance.

5.20 52 positive narrative comments and 14 negative comments were made. This is the greatest number of comments received since Quarter 2 last year and indicates that feedback from our patients is returning to pre-COVID levels.

5.21 All positive comments made by respondents relate to how much the patients value the service and appreciate the care and assistance offered by the staff, describing the service as excellent and wonderful.

5.22 The negative comments are about waiting times and rudeness of staff. There are a couple of comments about some vehicles being uncomfortable and difficult to board using the steps. One comment was about taxi drivers' lack of PPE and fast driving leading the patient to feel less safe and confident in the service.

Critical Friends Network

5.23 Representatives from the CFN continue to attend corporate meetings virtually such as Quality Committee, PTS Governance Group, Moving Patients Safely and Clinical Quality Development Forum providing patient insight into proposed changes and improvements within the Trust.

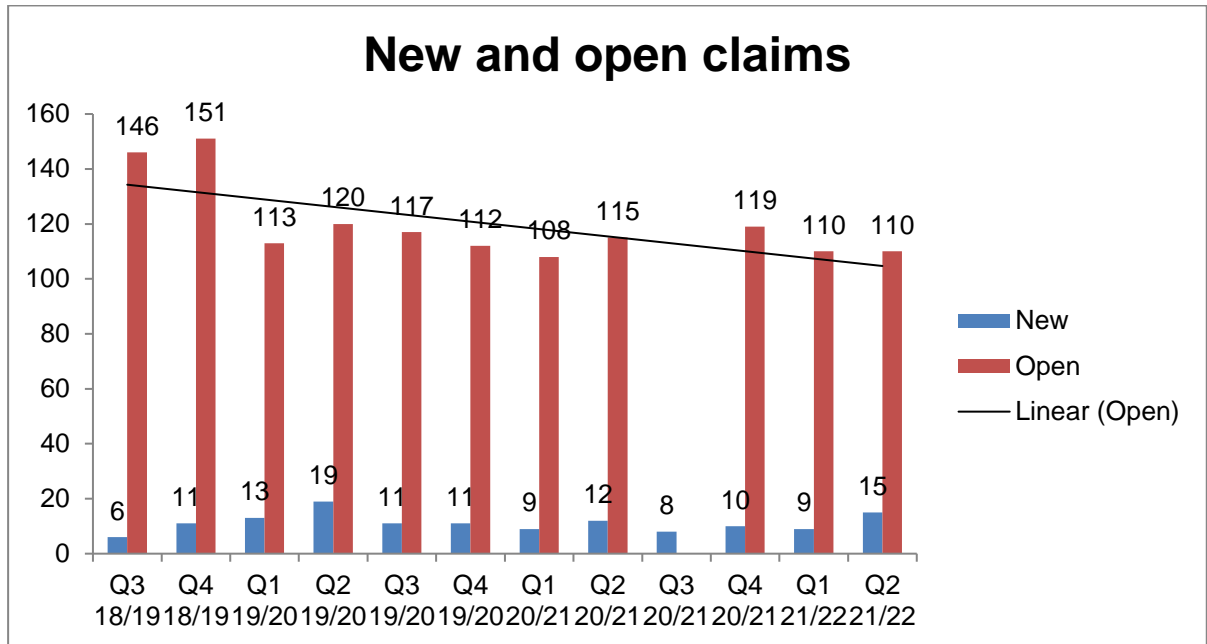
5.24 A review of the Critical Friends Network (CFN) is underway, with service input, and is looking at how this can integrate a Trust patient experience framework. The review includes a new Terms of Reference (TOR's) document and approach to CFN engagement within the Trust to influence and accelerate improvements across the Trust with our service users voice at the heart of what we do. The NHS Patient Safety Strategy 2021 has invited all NHS Trusts to recruit two Patient Safety Partners (PSPs), by the end of Q1 2022/23, which will also be incorporated into the CFN moving forward.

6. LEGAL SERVICES

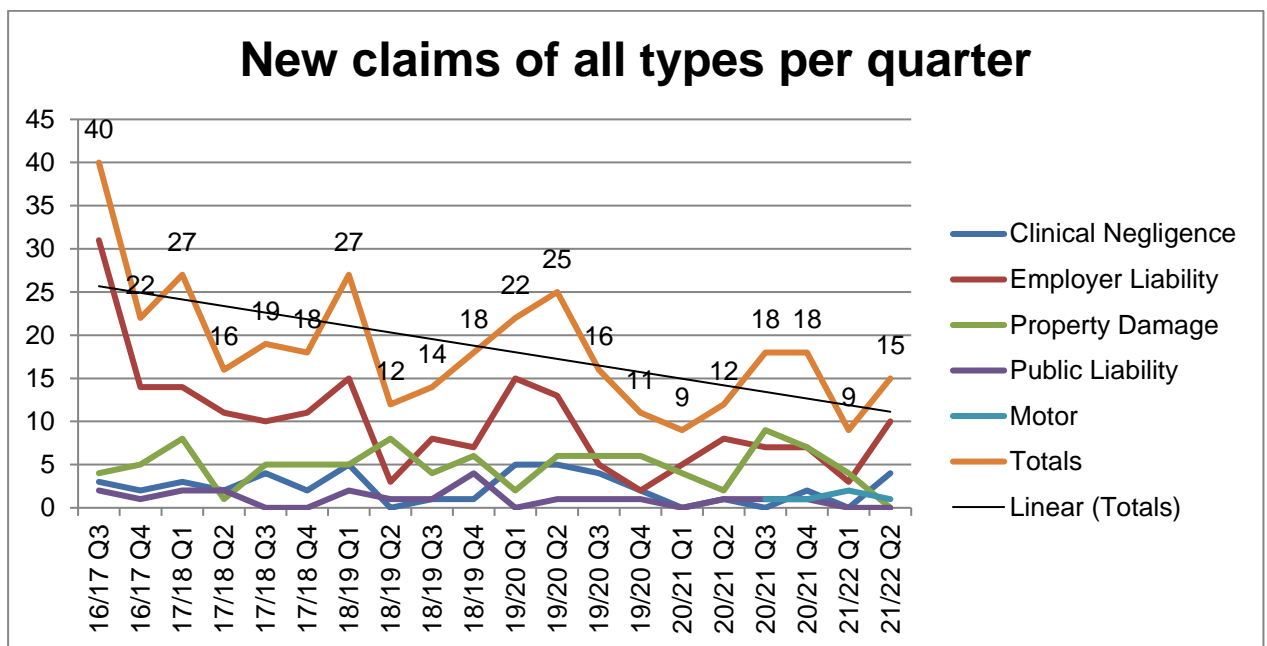
Claims

6.1 There are currently 110 open claims against YAS that have been reported under the NHS Resolution Insurance Schemes, the Trust's motor policy scheme, and property claims: the same number from the previous quarter. During Q2, 15 new claims were

reported. The graph below shows the total amount of claims for Q2 which shows the increase from the previous quarters, the number of open claims remaining stable.

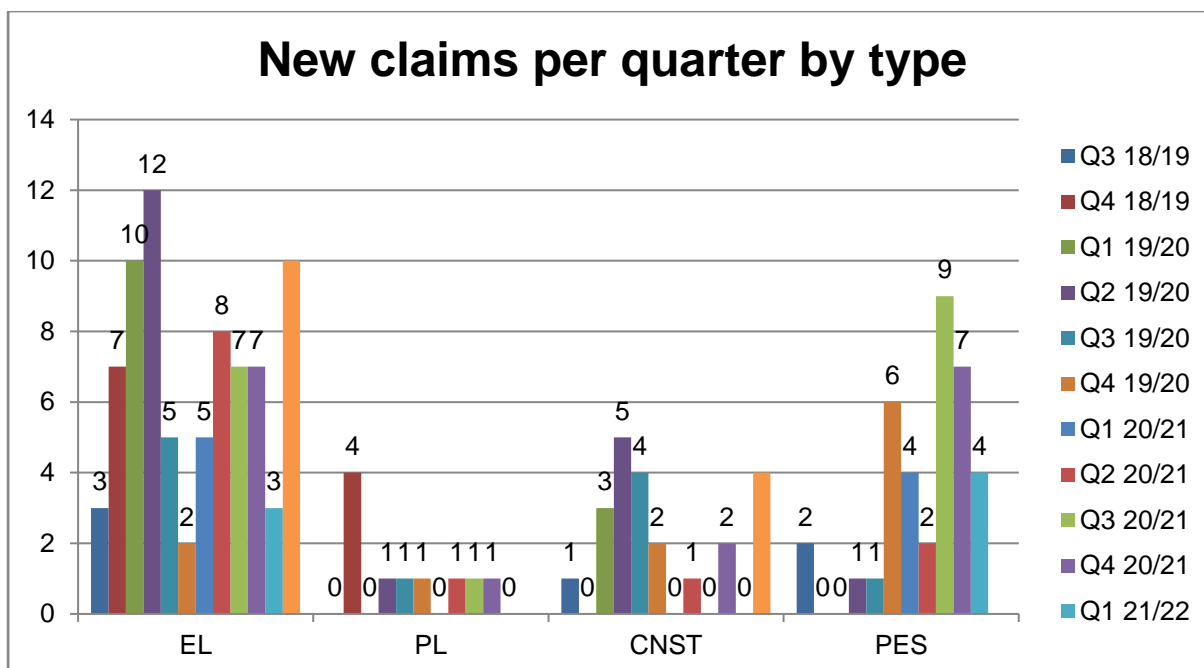


6.2 The graph below shows the number of claims received by the Trust from Q3 2016/17 to date, broken down by claim type:



6.3 As can be seen, the number of new claims has increased from the previous quarter and there has been an increase, nearing the previous highs of n=18.

6.4 The below graph details the new claims that have been received from Q3 2018/19 to date by type.



Employers' Liability (EL) Claims

- 6.5 Ten employers' liability claims were received in Q2, which is a considerable increase from the previous quarter. The highest three categories within employer's liability claims remain within the same triumvirate albeit in a different order, namely Trust vehicle related (n=18), followed by slips, trips and falls (n=17) and then by moving and handling (n=13). This quarter has seen a decrease in only moving and handling.
- 6.6 The Trust has received a further COVID-19 related claim in Q2.

Clinical Negligence (CNST) Claims

- 6.7 Four new clinical negligence claims were received in Q2 and there are currently 23 open claims, a slight increase from the previous quarter. The highest proportion of these being related to clinical care (n=21), and sole claims relating to the response of the organisation and moving and handling. The largest sub-category of clinical care remains incorrect / inappropriate treatment (n=11) followed by incorrect referral / not conveyed (n=3) and delay in providing treatment (n=3) with the other sub-categories having single claims therein.

Public Liability (PL) Claims

- 6.8 There were no new public liability claims received in Q2, following a trend from the previous quarter. These claims continue to remain low in volume and there are currently 8 open claims, another decrease from the previous quarter. The categories contained within this profile are similar to employer liability claims; namely moving and handling (n=3) followed by single claims therein. The largest category has remained the same from previously reported quarters, others have changed.

Claim related risks

- 6.9 The turnaround of obtaining documents and evidence of investigations back to the insurers (NHSR) within the allocated timescale as outlined within the policy remains the biggest challenge for Legal Services departmental staff. Claims Strategy Meetings and the increasing use of Microsoft Teams is continuing to assist with the timely turnaround of documents and actions being met.

- 6.10 Monthly meetings continue to take place between the Health and Safety & Legal Services Managers, and this provides additional support to non-clinical claims by way of advice which continues to prove useful in terms of identifying both current and future risks which need managing and actions agreed. Appearances at the Divisional Management Group (“DMGs”) by the Legal Services Manager has assisted in being a vital link between A&E Operations and the Legal Services Department and now that Team Based Working has been implemented, these meetings have been set up once again.
- 6.11 Risks pertaining to working practices surrounding the familiarisation training pertaining to vehicles and equipment are continuing with great pace, with the Legal Services Manager taking the lead on this approach. The final stages of the project are nearing with the finalisation of e-learning packages containing the bite-size videos relating to vehicle and equipment familiarisation with a communications campaign planned for the next quarter (Q3).

Coroner’s requests

- 6.12 The COVID-19 pandemic affected the coronial services within England and Wales considerably with nearly all inquests being postponed during the early stages of the pandemic and then as lockdown eased, the number of inquests being heard (albeit in varying ways) increased. The department saw a dramatic increase in the number of listed inquests, often being made with very short notice however this has somewhat stabilised, and the listing frequency has returned to pre-pandemic levels.
- 6.13 The Trust continues to utilise the dedicated hearing rooms at both Ambulance Headquarters (Springhill) and Beverley Ambulance Station which allow witnesses to attend to give their oral evidence remotely. It will be encouraged from the Trust’s perspective that remote evidence giving will become routine and not by exception and the Trust awaits Chief Coroner guidance in this regard.
- 6.14 At the end of Q2, there were 220 open inquest cases (on DATIX, notwithstanding any legacy cases which are spreadsheet based) which is a decrease compared to the previous quarter (n=328). The highest number of open cases originated from HM Coroner for Hull & East Riding of Yorkshire (n=104) followed by HM Coroner for West Yorkshire Eastern District (n=27) with HM Coroner for North Yorkshire (excluding City of York) (n=22) and HM Coroner for West Yorkshire Western District (n=22). There are a number (n=4) of cases outside of Yorkshire and the Humber.
- 6.15 During Q2 the Trust has received 311 new requests, which is an increase from the previous quarter. The largest amount received was from HM Coroner for North Yorkshire (excluding City of York) (n=100), followed by HM Coroner for Hull & East Riding of Yorkshire (n=64), which remained the same from the previous quarter. The Trust and provided evidence (written and/or oral) at 40 inquests in Q2 which is a slight increase from the previous quarter and is heading towards previous quarters in 2020/21.
- 6.16 Out of the 40 inquests heard in Q2 where oral or written evidence was adduced, five were rated amber and one was rated as red. The red case related to a serious incident investigation following the misinterpretation of an ECG reading. The amber cases included delayed responses due to demands faced upon the Trust and senior EOC managers provided oral testimony at these inquests.

Some of these inquests focused on the process with dealing with calls originated from health care professionals and the impact delays have upon these calls and also the acceptance of calls from other emergency services.

- 6.17 Each request is risk rated and those rated amber and above are reviewed through the Trust's Incident Review Group ("IRG"). Lessons and actions are identified and actioned through this group and disseminated as required along in parallel with the newly convened Trust Learning Group ("TLG").

Coronial risks

- 6.18 The greatest risk at present continues to be the external pressure due to the backlog of inquests which are held by the respective coroner districts within the Trust's geographical footprint. Given the numerous coronial districts within Yorkshire and Humber, the propensity for diary clashes for inquest is becoming prevalent and some HM Coroners are now issuing court directions for documents to be provided within a certain timescale. Quite often the requested documents relate to ongoing patient safety investigations, and this is an additional challenge to ensure that the aforementioned patient safety investigation meets the direction from the court. As always, all suitable members of Legal Services Department staff are being utilised appropriately and external legal advice options are being explored (when required).

Prevention of Future Death (PFD) reports

- 6.19 No Prevention of Future Death reports were issued to the Trust in Q2.

7. SAFEGUARDING

- 7.1 During 2021/ 2022 Q2, YAS has contributed to 3 Rapid Reviews, working with multi agency partners to review a serious and complex safeguarding issue which met the criteria for review under the Working Together to Safeguard Children 2018 statutory guidance. YAS also supported the Safeguarding Adults Boards across Yorkshire and the Humber to scope 4 SAR's and 4 DHR's.
- 7.2 Prominent multi agency themes identified in the Q2 reviews were:
- Stabbing - DHR
 - Recognition of adult adverse childhood experiences (ACE's) as a child safeguarding issue.
- 7.3 The newly appointed Paediatric Liaison Nurse has provided an extra layer of assurance and point of contact for staff where children present with concerning presentations. The Paediatric Liaison Nurse is very much a 'Think Family' role liaising closely around adult cases where Adverse Childhood Experiences (ACE's) and adult physical and mental health impacts on the child.
- 7.4 Q2 safeguarding communications circulated internally included updates on:
- Modern Slavery
 - Comprehensive safeguarding referrals
 - Female Genital Mutilation (FGM)
 - Reminder to alert the safeguarding team about all serious incidents involving children including where CPR is in progress.

8. PROFESSIONAL BODY REFERRALS (PBRs)

- 8.1 There have not been any cases identified during this period that have highlighted organisational learning.
- 8.2 One case from 2019 has recently concluded internally.

9. HEALTH & SAFETY EXECUTIVE (HSE) NOTIFICATIONS

- 9.1 There have been no HSE notifications for Q2.

10. DUTY OF CANDOUR – BEING OPEN

- 10.1 During Q2, 7 new cases were opened under statutory Duty of Candour for the purposes of Serious Incident escalation.
- 10.2 At the time of report completion, 57 candour cases remain open in total.
NB Q1 paper shows total for quarter only and not for financial year.
- 10.3 Monthly and quarterly audits continue to ensure compliance against the statutory duty - No issues have been identified during this quarter.

11. FREEDOM TO SPEAK UP

- 11.1 During Quarter 2, 25 concerns were raised via the Freedom to Speak Up Process.
- 11.2 All concerns have been followed up with local management teams and where necessary independent input is being sought. The progress of all concerns raised through the FTSU process is discussed at a fortnightly concern review meeting attended by the Chief Executive, the Executive Director for Quality, Governance & Performance Assurance, the Director for Workforce and Organisational Development, the Head of Investigation and Learning and the FTSU Guardian to ensure that all concerns have been addressed quickly and resolved in a timely manner.

12. TRUST LEVEL OVERVIEW

- 12.1 Organisational learning in this report crosses a number of different inputs which are detailed within the charts as themes and trends, and where relevant, actions have been identified to improve quality and safety. Work continues to address each of these key themes via YAS governance groups and quality and safety work plans.
- 12.2 Triangulation through the analysis of FTSU concerns alongside complaints and concerns and Trust disciplinary and grievance processes continues to identify common themes.

Independent reviews relating to elements of leadership and team behaviours are underway in two corporate and one local operational area.

- 12.3 Review of all Trust minor and low harm incidents has been carried out via a central group consisting of representatives from the clinical/quality/safeguarding/academy and IUC teams during the pandemic year of 2020/21, and has identified common themes and trends which have been acted on quickly leading to timely learning for Trust groups and process owners.

13. PROPOSALS/NEXT STEPS

- 13.1 Going forward the reports will continue to cover a quarterly period to enable more in-depth analysis of data and consistency across the Trust. This will be supplemented by the Quality Committee dashboard that provides a live view of the subjects covered in this report and is accessible between the reporting scheduled meetings for all Quality Committee members.

14. RISK ASSESSMENT

- 14.1 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.

15. RECOMMENDATIONS

- 15.1 It is recommended that the Trust Board notes the current position and is assured in regard to the effective management of, and learning from, adverse events.

Appendix A

YAS Trust-wide Safety update – August 2021

Themes: Moving and Handling, NEWS2, Falls in the community, MSK

Listen, Learn, Act Moving and Handling

Moving and handling is one of the most common causes of injury at work involving patients or objects. Injuries can be caused during:

- lifting
- carrying
- pushing
- pulling

Always remember to carry out a dynamic risk assessment before commencing any moving and handling procedure and during it, taking into account the principles of TILE.



Clinical NEWS2

The National Early Warning Score (NEWS) is used to improve the assessment of illness severity, the detection of clinical deterioration and quality of the referral or handover. The NEWS should be used as an aid to clinical assessment; it is not a substitute for competent clinical judgement.

In patients who have experienced a fall, vital signs and a NEWS2 score should be recorded and repeated where clinically indicated. NEWS2 is the first step in a two-step process:

- 1) Identifying sick and/or deteriorating patient.
- 2) A timely and competent clinical response.

Physiological parameter	0			1			2			3		
	Score	0	1	Score	0	1	Score	0	1	Score	0	1
Respiration rate (per minute)	<8	9-11	12-20	>20	21-24	>25						
SaO ₂ Sat (1%)	<91	92-93	94-95	>95								
SaO ₂ Sat (1%)	<91	94-95	96-97	98-100	99-100	100						
HR (bpm)	<50	50-59	60-69	70-79	80-89	90-99						
SBP (mmHg)	<90	91-99	100-109	110-119	120-129	130-139						
MAP (mmHg)	<60	61-69	70-79	80-89	90-99	100-109						
Urea (mmol/L)	>7											
Temperature (°C)	<35.5	35.6-36.0	36.1-36.6	36.7-37.2	>37.3							

Safety Update
August 2021

Sign up to
SAFETY

Patient Safety Falls in Older Adults

Any patient who has had a fall should have a skin assessment completed and recorded on the MPR to ensure that the skin is intact and prevent the risk of developing pressure sores.

Gain the patient's consent or act in their best interests. Maintain the patient's dignity when examining them.

A skin assessment in adults should take into account any pain or discomfort reported by the patient, examine skin integrity in areas of pressure, colour changes or discolouration, variations in heat, dryness and moisture (due to incontinence, oedema, dry or inflamed skin).

Below is an aid for assessing skin breakdown a similar one is available in JRCALC:



Staff Safety

Musculoskeletal Disorders

Symptoms

Musculoskeletal Disorders - soft tissue injuries caused by sudden impact, force, vibration, and unbalanced positions.

Causes



Stooping, over-reaching, lifting, carrying, pushing, pulling:

- Repetitive movements
- Poor Posture
- Prolonged / uncomfortable working postures
- Exerting too much force / lifting heavy patients and loads.

Reducing exposure by:

- Improving posture
- Training
- Better assessments – TILE.

Report an incident on 0300 330 5419 (24 hours a day/7 days a week)