



<b>MEETING TITLE</b> Trust Board in Public		<b>MEETING DATE</b> 26 July 2022	
<b>TITLE of PAPER</b>	Significant Events and Lessons Learned Q4 21/22.	<b>PAPER REF</b>	TB22.030
<b>KEY PRIORITIES</b>	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		
<b>PURPOSE OF THE PAPER</b>	This report provides the 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.		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Simon Davies, Head of Investigations and Learning. Dave Green, Interim Associate Director of Quality & Safety	<b>ACCOUNTABLE DIRECTOR</b>	Clare Ashby, Interim Executive Director Quality Governance & Performance Assurance
<b>DISCUSSED AT / INFORMED BY:</b> – Quality Committee 23 June 2022			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b> Board of Directors	<b>Date:</b> 28 June 2022	
<b>RECOMMENDATION(S)</b>	It is recommended that the Trust Board take assurance from the actions described within this paper and support any proposed developments.		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Equality Impact Assessment</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission Choose a DOMAIN(s)</b>	1: Safe 2: Effective		
<b>NHSI Single Oversight Framework Choose a THEME(s)</b>	2. Quality of Care (safe, effective, caring, responsive)		

## **1. PURPOSE/AIM**

- 1.1 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.

## **2. BACKGROUND/CONTEXT**

- 2.1 This report primarily covers the period 1 January 2022 to 31 March 2022. 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 Specific sources of significant events and lessons learned within the scope of this report include:
- Serious Incidents reported to the Trust's commissioners
  - Internal incidents reported
  - 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

## **3. SERIOUS INCIDENTS (SIs)**

- 3.1 The Trust has reported 20 SIs during this reporting period.
- 3.2 Theme analysis tracked across Q4 shows the highest prevalence of SI reporting is attributable to delayed response – particularly in January, associated in the majority with hospital handover delays and excessive average turnaround times as a result of the national pandemic.
- 3.3 Noteworthy themes for the quarter also include two unfortunate vehicle-related incidents which occurred in February and are associated with harm/injuries occurred whilst in the care of YAS, and several references to clinical care provision including care challenges linked to skill fade, likely impacted by difficulties with providing update training on a regular basis during the pandemic and at periods where front line resource was prioritised over other abstraction.
- 3.4 Incident reporting for Q4 totalled 2,156 cases, of which SI reporting represents a percentage figure of 0.9%. This is slightly higher than the % from Q3, however, still represents a very low percentage of the total and gives assurance that measures to manage and address lower-level incidents, including near-misses have a positive impact.

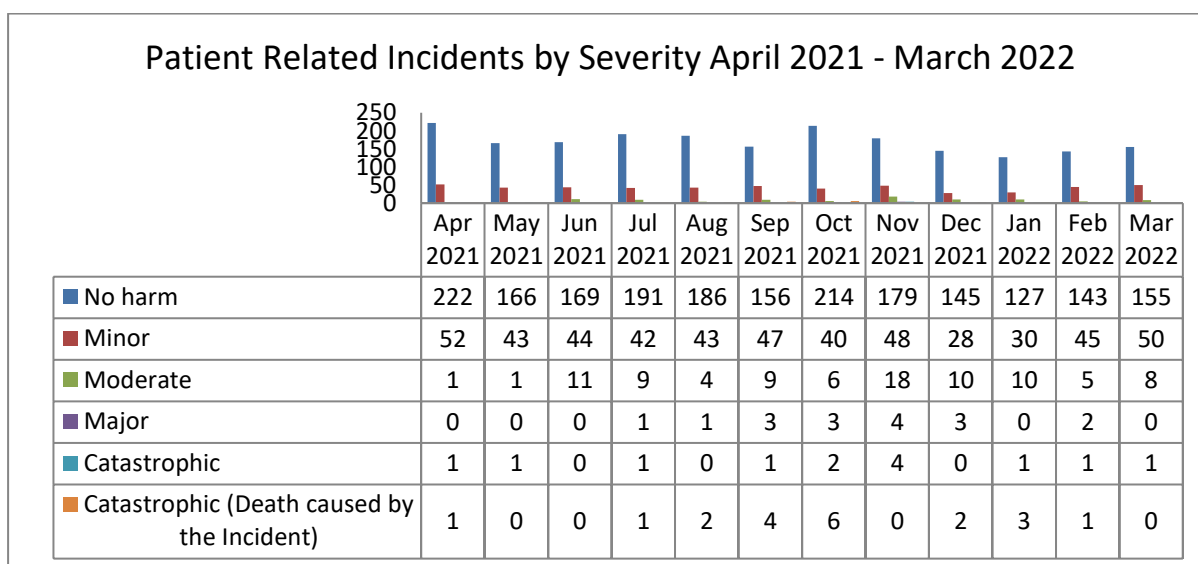
3.5 Investigations are ongoing for all cases reported during this quarter. Due to the pandemic and clinical colleagues being repositioned to support critical functions within the organisation, investigation work is taking longer than the statutory 60 days – this metric however has been suspended from 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.

**4. INCIDENT OVERVIEW**

4.1 Pressure on patient-facing roles has continued in Q4. Staff and patient incident reporting remains consistent with expectations and for the last two quarters, all patient-related incidents have remained below the median line.

4.2 Refreshed incident reporting bulletins are planned to be circulated to all colleagues to remind them of the importance of reporting incidents via the Trust reporting system DatixIQ. Recently distributed personal-issue mobile phones have a preinstalled mobile app to enable greater and easier access to the reporting portal for colleagues working outside of an office environment. Appendix A shows a recent safety update which has been used to highlight learning to colleagues.

4.3 The number of incidents reported on our incident reporting system (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.



4.4 The highest reporting category for patient related incidents during Q4 were response related within EOC, IUC/111 and PTS. Appendix B shows the number and severity of patient and staff incidents.

4.5 The proportion of staff-related 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.

- 4.6 The highest reporting category for staff related incidents during Q4 was violence and aggression.
- 4.7 During Q4, the Trust has maintained their observation and management of the implementation of the Data Flag process, launched earlier in Q1. Feedback is being gathered regarding the Data Flag Process, to drive forward improvements and developments required to ensure the process is fit for purpose.

The Trust continues to ensure that all staff members across all service lines, who have been involved in any violent or aggressive incident receive continuous and appropriate ongoing support. The Violence Reduction Team are proactively looking at ways to improve the support provided.

**Quality Alerts (Service to Service - Outgoing Incidents)**

- 4.8 In Q4 the Quality Alerts, following process review, are now sent within seven days of the incident being reported.
- 4.9 As part of this review 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 Q4 we have had a response of 35.8% from Quality Alerts sent out.
- 4.10 The number of Quality Alerts by service area for Q4 are as follows:
  - IUC – 63
  - PTS – 38
  - A&E Operations – 160
  - EOC – 19
  - Support Services – 2

**5. COMPLAINTS, CONCERNS, COMPLIMENTS AND COMMENTS (4Cs) and PATIENT EXPERIENCE**

- 5.1 Tables B and C highlight the spread of 4Cs across the Trust for Quarter 4.

**Table B**

<b>Complaints and Concerns received (inc. Service to Service issues raised)</b>			
	<b>Jan 2022</b>	<b>Feb 2022</b>	<b>March 2022</b>
Call Handling & Dispatch	39	28	59
A&E Ops	59	50	65
PTS	25	35	35
IUC (111)	45	37	30
<b>TOTAL</b>	<b>168</b>	<b>150</b>	<b>189</b>

**Table C**

<b>Compliments received</b>			
	<b>Jan 2022</b>	<b>Feb 2022</b>	<b>Mar 2022</b>
Call Handling & Dispatch	1	1	0
A&E Ops	107	90	92
PTS	1	7	4
IUC (111)	3	2	3
<b>TOTAL</b>	<b>112</b>	<b>100</b>	<b>99</b>

- 5.2 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.

<b>Call Handling &amp; Dispatch cases closed with outcomes</b>	
<b>January 2022 – March 2022</b>	
Cases Closed	199
Excessive Response cases closed	134
Excessive response cases upheld and partly upheld	119
<b>Upheld reason</b>	<b>(note more than one reason may apply per case)</b>
Demand Exceeding Capacity	108
EMD Error	24
Dispatcher Error	20
Clinical Hub Error	3
Operational Difficulties	17
System Failure	1
Other	0

- 5.3 The higher than usual proportion of cases upheld due to EMD error and dispatcher error this quarter continues and these usually amount to around 5% of upheld cases. This quarter EMD errors apply to 20% of upheld cases and dispatcher errors apply to 17% of upheld cases. There has also been an increase in the proportion upheld due to operational difficulties.

- 5.4 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 34% for the whole of the Trust. Performance in A&E services was 28% in March and PTS was 29%. IUC achieved 80%.

### **A&E Call Handling and Dispatch**

- 5.5 The number of cases received for 999 call handling and dispatch has decreased by 37% from last quarter but remain 91% higher than Q4 2020/21. There has been a significant decrease in cases related to delayed responses - by 43% from last quarter, and call handling cases have decreased by 18%. The largest category of complaint across the Trust relating to 999 call handling and dispatch this quarter is delayed responses to Inter Hospital Transfer calls followed by delayed responses to Category 2 and Category 3 emergency calls.

### **A&E Operations**

- 5.6 Cases received for A&E Operations has increased by 5% and is less than levels received in Q4 2020/21 (by 15%). There has been an increase in attitude cases from last quarter by 36% whilst operations-related cases have decreased (by 22%) and clinical cases have remained the same. The largest category of complaint across the Trust for A&E services continues to be attitude and communication skills but very closely followed by clinical assessment.

### **PTS**

- 5.7 Numbers of complaints received for PTS in Q4 are 10% less than Q3. There have been decreases in most categories. Numbers of cases in respect of patient care and unsuitable transport have both increased this quarter – from 24 to 35 and from 6 to 13 respectively. The highest category this quarter is patient care followed by collected late from clinic and unsuitable transport.

### **Integrated Urgent Care**

- 5.8 The total number of cases received this quarter for IUC has increased by 7% from last quarter. There has been a significant increase in appropriateness of referral this quarter – from 12 to 25. Complaints regarding the attitude of call handlers has decreased from 18 to 12. The highest category of complaint this quarter is clinical - call outcome followed by appropriateness of referral.

### **Service Improvements implemented from individual complaints**

- 5.9 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.
- 5.10 *A&E Call Handling and Dispatch*
- Review of shorter-term forecasting measures to predict activity.
  - Review of dispatch SOP
  - Introduction of clinical navigators within EOC to review stacking calls.

- Reassess all calls through AMPDS and phraseology to be reviewed.
- EMD SOP to be amended and re-issued to all staff via safety alerts regarding the process for difficulties in identifying locations and the escalation to Team Leaders.

#### 5.11 *A&E Operations*

- Review of forecasting system to ensure a more accurate way of predicting forecast activity resulting in the implementation of a shorter-term forecasting model
- Operational staff in the North Yorkshire area reminded about using Friarage Acute Admission Unit and Urgent Treatment Centre where the patient's condition meets the appropriate pathway.

#### 5.12 *PTS*

- Schedulers have been reminded to inform patients/departments of any delays to patients' pick-up times when they become aware of issues affecting
- Taxi companies to remind drivers to contact YAS if they are experiencing any delays with their schedules.
- Reservations team to ensure that any bookings requiring the bariatric equipment are booked with a double crew and to also ask that mobilities are checked.

#### 5.13 *IUC*

- Review of *IUC SOP 2.5 Managing Third-Party Caller* to ensure clarity when dealing with second party callers who cannot be next to the patient during the assessment
- Patient safety update reminder produced for NHS 111 staff to always "think could this be sepsis"
- Patient safety update reminder produced to remind staff to always conference Senior Clinical floorwalkers into calls and documenting who has been spoken to.

### **Ombudsman requests**

- 5.14 During Q4 there were no new ombudsman cases commenced and no cases concluded.

### **Patient Survey responses**

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

# Patient Survey Responses



We continue to survey our patients who use our Accident and Emergency and Patient Transport Services. Here is what they say...

## Accident & Emergency services



- ✓ 89% of patients who responded find our call takers reassuring
- ✓ 78% found ambulance response time acceptable however our aspiration is 90%



**85%**  
of respondents were positive about the care and treatment they received



**88%**  
of respondents were happy with the overall service they received



**88%**  
of patients were treated with dignity and respect

## Patient Transport Services



- ✓ 523 surveys sent with 84 responses
- ✓ 97% respondents happy with time taken to answer their call
- ✓ 99% satisfaction with call handlers



**99%**  
of respondents were happy with their journey, information provided by Ambulance Care Assistants and felt safe



**100%**  
of patients were treated with dignity and respect



**96%**  
of patients found the vehicle comfortable and 94% found the vehicle appropriate for their needs



## 6. LEGAL SERVICES

### Claims

- 6.1 There are currently 114 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 two quarters. During Q4, 26 new claims were reported.

### Claim related risks and learning

- 6.2 Monthly meetings continue to take place between the Health and Safety and 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.

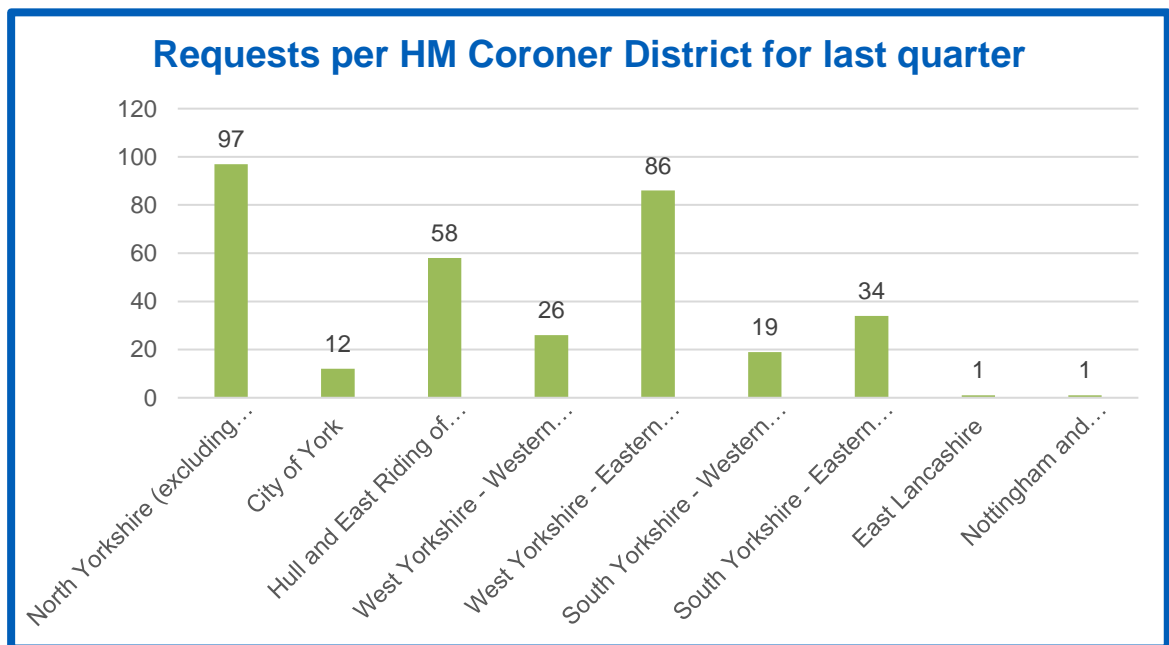


Appearances at the Divisional Management Group (“DMGs”) by the Legal Services Manager has assisted in being a vital link between A&E Operations and the Legal Services Department and the department’s presence at these meetings are now commonplace and established. Information pertaining to claims and themes/trends are then fed back to the senior leadership team within the CBUs.

- 6.3 Risks pertaining to working practices surrounding the familiarisation of vehicles and equipment remain significant as one of the largest triumvirates of claim types relating to vehicles. As referenced in previous reports, the Vehicle and Equipment Familiarisation working group (led by the Legal Services Manager) has produced an e-learning package which shows four bitesize videos as how to safely use the following:
  - A&E Corpuls defibrillator
  - A&E Winch
  - A&E/PTS Wedge ramp
  - PTS tail lift
- 6.4 The uptake of this e-learning will be closely monitored to determine its effectiveness as a non-mandatory e-learning requirement.

**Coroner’s requests**

- 6.5 During Q4 the Trust has received 334 new requests, which is an increase from the previous quarter. The chart below shows the HM Coroner Districts concerned.



- 6.6 At the end of Q4, there were 324 open inquest cases.
- 6.7 The Trust has provided evidence (written and/or oral) at 32 inquests in Q4 which is relatively the same amount as the previous quarter. Out of the 33 inquests heard in Q4 where oral or written evidence was adduced.

## **Coronial risks and learning**

- 6.8 The greatest risk at present continues, as previously stated, 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. Some HM Coroners are continuing to issue court directions for documents to be provided within a certain timescale for cases which are also subject to internal investigation, which places increased pressure upon colleagues within the Investigations and Learning Team and investigators within the organisation.
- 6.9 The department continues to see the number of inquests being listed, often being made with very short notice or without prior notification which also places burdens upon the service. 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. However, some coronial districts within YAS jurisdiction have indicated their preference to returning to 'in-person' inquests, with certain districts stating that evidence in-person shall be the default unless there is good reason not to attend in-person.

## **Prevention of Future Death (PFD) reports**

- 6.10 No Prevention of Future Death reports were issued to the Trust in Q4.

## **7. SAFEGUARDING**

- 7.1 In the year April 2021 to March 2022, the Safeguarding team at YAS has contributed to 16 Rapid Reviews as part of the statutory Child Safeguarding Practice Reviews (CSPR) process, working with multi agency partners to review serious and complex safeguarding issues which met the criteria for review under the Working Together to Safeguard Children 2018 statutory guidance.
- 7.2 Four of these progressed to full Child Safeguarding Practice Reviews. YAS also supported the Safeguarding Adults Boards across Yorkshire and the Humber to scope 40 Safeguarding Adult Reviews (Care Act 2014) and 27 Domestic Homicide Reviews (Section 9 Domestic Violence, Crime and Victims Act 2004) This multi-agency review work is designed to look at what agencies and individuals have done and what could have been done differently to prevent further harm or death.
- 7.3 Prominent multi agency themes identified in the 2021-2022 reviews were:
- Recognition and escalation of domestic abuse, with gaps in referrals from service
  - Safe assessment and discharge of patients
  - Recognition of adult adverse childhood experiences (ACEs) as a child safeguarding issue.
  - Mental health and mental capacity of patients
  - Self-neglect, clutter, and hoarding
  - Alcohol and substance misuse
  - Co-sleeping/sudden infant death syndrome

## **8. PROFESSIONAL BODY REFERRALS (PBRs)**

8.1 There have not been any cases identified during this period that have highlighted organisational learning. Since the last quarter we had three cases which has now been reduced to two – one closed with no further action taken by the HCPC.

## **9. HEALTH & SAFETY EXECUTIVE (HSE) NOTIFICATIONS**

9.1 There have been no notifications from the HSE during Q4.

## **10. DUTY OF CANDOUR – BEING OPEN**

10.1 During Q4, 26 new cases were opened under statutory Duty of Candour, six were closed following due process and the remaining 20 are open for communication at time of reporting.

## **11. FREEDOM TO SPEAK UP**

11.1 During Q4, 17 concerns were raised via the Freedom to Speak Up Process. These are reported in detail in a separate paper.

## **12. RISK ASSESSMENT**

12.1 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.

## **13. RECOMMENDATIONS**

13.1 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.

## **14. APPENDICES**

14.1 Appendix A – YAS Trust-wide Safety Update

14.2 Appendix B - Patient / Staff incident overview

14.3 Appendix C - Incident Reporting Rate (Staff) Comparison:

14.4 Appendix D – Incident Reporting Rate (Patient) Comparison:

14.5 Appendix E - Safeguarding Data / Statutory Review

Appendix A

YAS Trust-wide Safety update – January 2022

Themes – Medical Equipment reporting, Sharps, Medication administration, PPE

## Listen, Learn, Act

### Reporting of medical equipment incidents

Please can staff ensure that any incidents involving medical equipment are reported using the appropriate channels.

Where an incident has taken place, along with the completion of a red tag and notification to the area co-ordination centre, a DATIX report is required which includes details of the incident, plus the serial/asset number and location of the device.

It is vital that correct processes are followed and the required information is supplied so that the Medical Equipment Team can investigate incidents thoroughly. Without investigation, faults may reoccur and lead to further patient and staff safety incidents.



## Clinical Safety

### Sharps - Safe Use, Storage and Disposal

- Only use safety hypodermic needles provided by the Trust – these have an easy-to-activate sharps protection system.
- Activate the hypodermic needle cap as soon as possible after use.
- Dispose of sharps immediately after use into a sharps bin. Sharps containers must be disposed of once 3/4 full.
- Whilst in transit, the temporary closure element of the sharps bin should be used to prevent spillage.
- Sharps containers must be checked to ensure lids are secure and the opening is closed and locked before removal from the ambulance.
- Never put a small sharps container into a larger one.
- The label attached to the sharps container must be completed with the appropriate details before disposal.



### Safety Update

January 2022

Sign up to  
SAFETY

## Patient Safety

### Six Rights of Medication Administration (6 Rs)



**The right to refuse** – a patient has the right to refuse medication if they have the capacity to do so. Ensure any medication refusals are documented on the ePR.

## Staff Safety

### Personal Protective Equipment (PPE)

PPE Requirements	Level 2 All patients	Level 3 All patients where AGPs are required or likely
Hand Hygiene	Yes	Yes
Gloves	Yes	Yes
Plastic Apron	Yes	No
Fluid repellent coveralls/long sleeved gown	No	Yes
Fluid repellent surgical facemask with visor/other eye protection	Yes Where possible ask the patient to wear a surgical mask	No
PPE hood	No	Yes

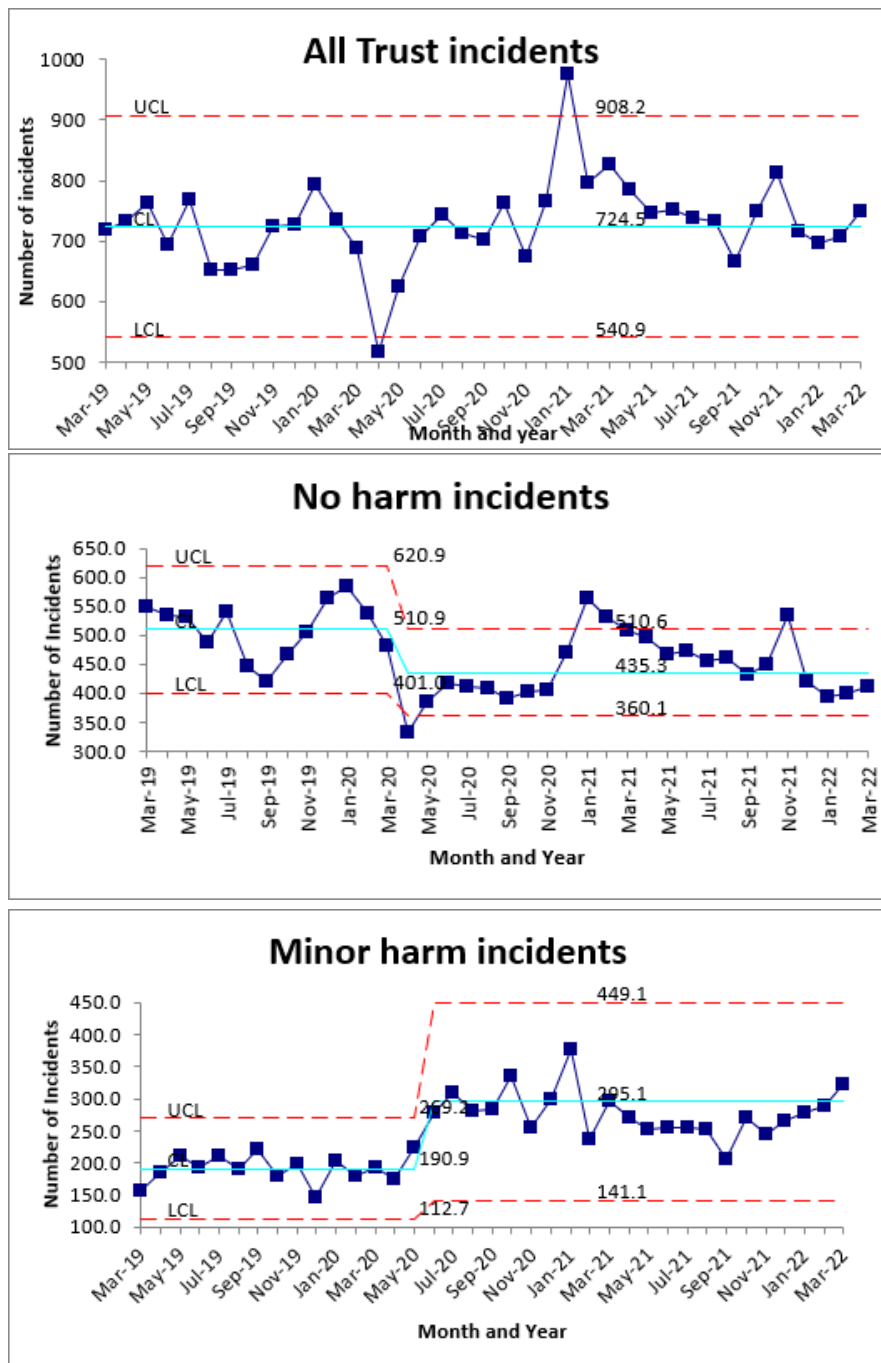
- Level 2 PPE must be worn when caring for patients in any setting. Please ask patients to wear a fluid repellent surgical face mask where clinically appropriate.
- Level 3 PPE must be worn where it is necessary or likely that aerosol-generating procedures (AGPs) will be required during the episode of care.

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

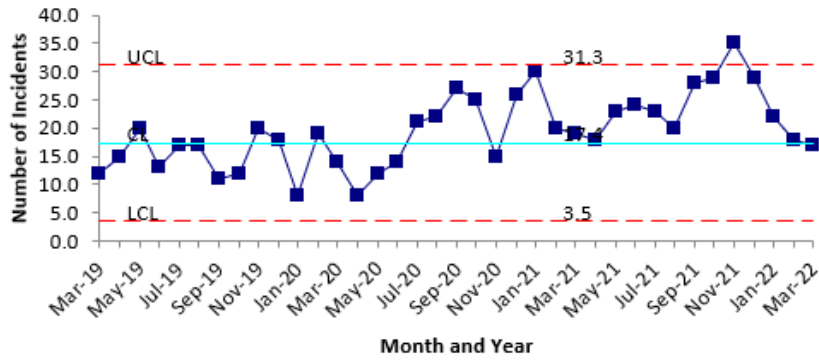
## Appendix B Patient / Staff incident overview

The SPC charts below show the number of incidents by reported date across the cumulative period 01 March 2019 – 31 March 2022.

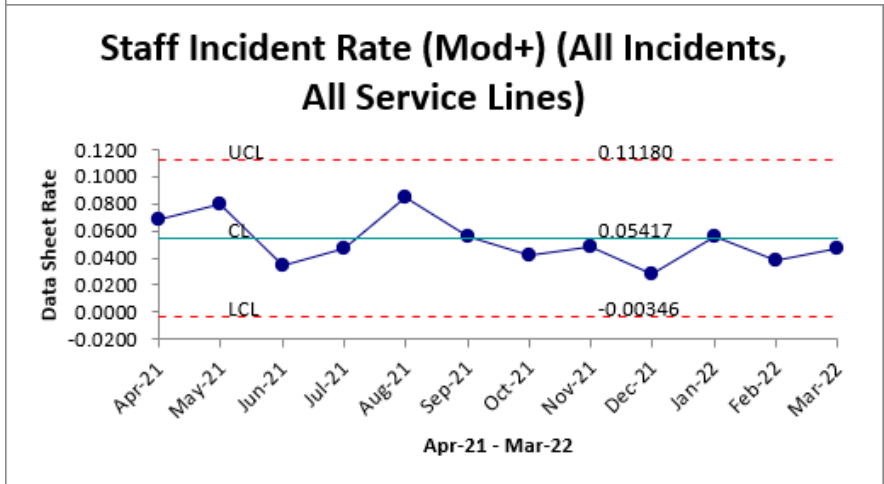
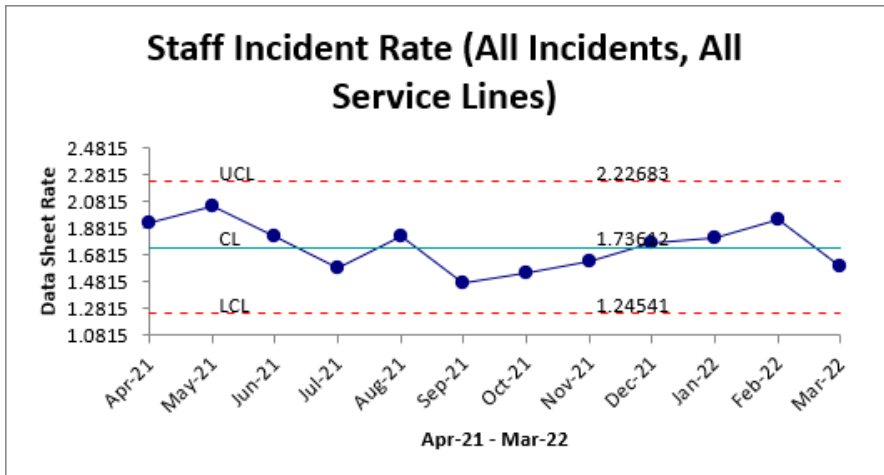
*Incidents at all severity levels remain within expected limits throughout Q4, with continued trends mirroring normal pre pandemic levels across all activity. The decreased reporting noted in Q3 has not continued and represents a return to normal levels, with a significant downward trend in moderate and above harm incidents from pandemic levels across Q2/Q3.*



## Moderate and above incidents



**Appendix C  
Incident Reporting Rate (Staff) Comparison:**



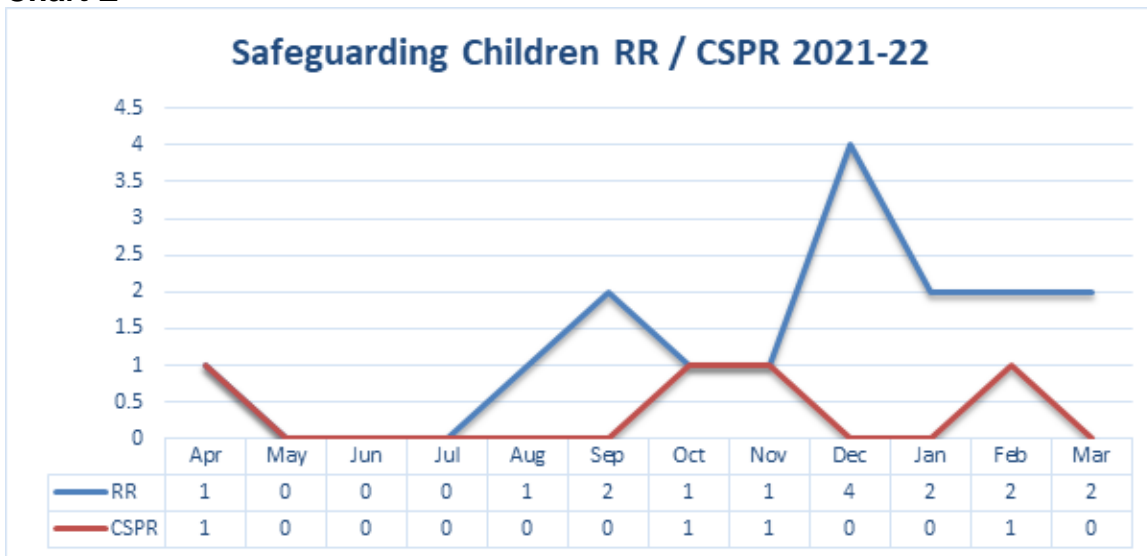
**Appendix D  
Incident Reporting Rate (Patient) Comparison:**



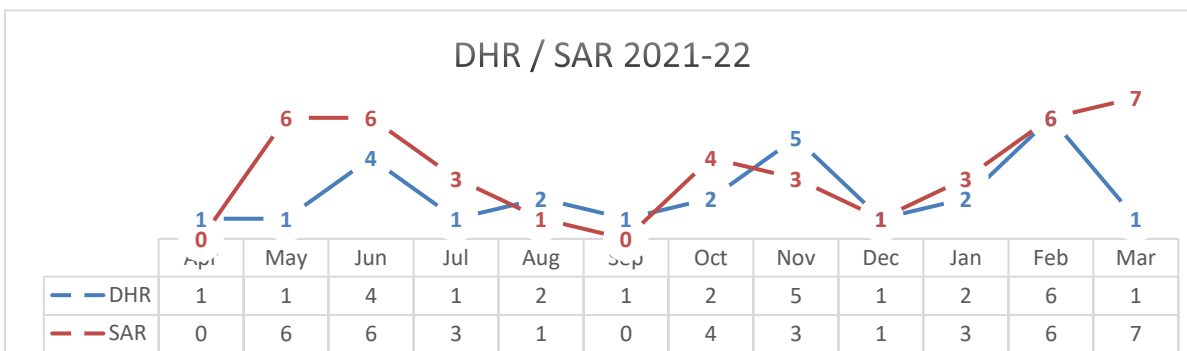


**Appendix E  
Safeguarding Data / Statutory Review**

**Chart E**



**Chart F**



**Chart G**

