



MEETING TITLE Trust Board (held in Public)		MEETING DATE 02/02/2023	
TITLE of PAPER	Significant Events and Lessons Learned Q2 2022/23.	PAPER REF	2.2
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	This report provides the 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.		
For Approval	<input type="checkbox"/>	For Assurance	<input 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 & Safety	ACCOUNTABLE DIRECTOR	Clare Ashby, Interim Executive Director Quality Governance & Performance Assurance
DISCUSSED AT / INFORMED BY: – Quality Committee 08.12.22			
PREVIOUSLY AGREED AT:	Committee/Group: Quality Committee	Date: 08.12.22	
RECOMMENDATION(S)	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.		
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"/>
Equality Impact Assessment <i>If 'Yes' – expand in Section 2. / 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"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)	1: Safe 2: Effective		
NHSI Single Oversight Framework	2. Quality of Care (safe, effective, caring, responsive)		

**Trust Board
(held in Public)**

**2 February 2023
Significant Events & Lessons Learned Q2 2022-23**

**Report of the Interim Director of Quality, Governance, and
Performance Assurance**

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 July 2022 to 30 September 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 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.
 - 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.

3. SERIOUS INCIDENTS (SI's)

- 3.1 The Trust has reported 29 SI's during this reporting period.
- 3.2 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 recovery.
- 3.3 Incident reporting for Q2 totalled 2,159 cases, of which SI reporting represents a percentage figure of just 1.3%. This is higher than the figure from Q1 however represents a very low component of the total, giving assurance that measures to manage and address lower-level incidents, including near-misses have a restorative impact on reducing more serious occurrences.
- 3.4 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.
- 3.5 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 2023/24, also to share best practice and learning with other colleagues.

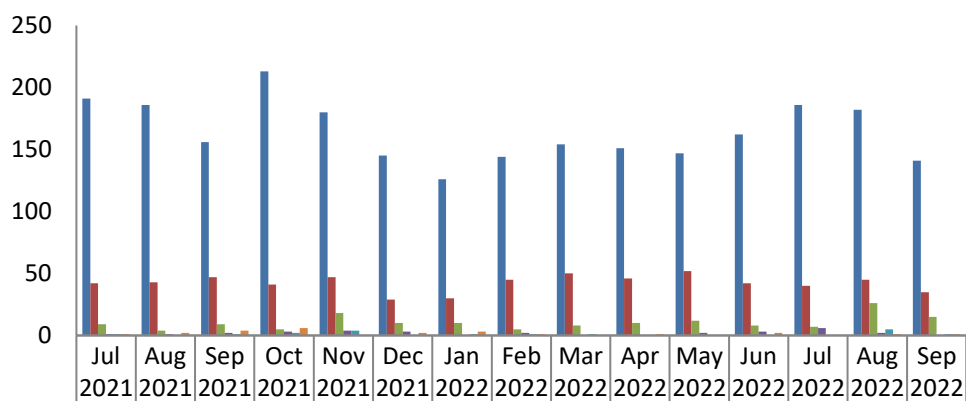
4. INCIDENT OVERVIEW

- 4.1 Pressure on patient facing roles has continued in Q2. Staff and patient incident reporting remains consistent with expectations – All patient related incident metrics have remained below the median line with a drop towards the end of the quarter.

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, and 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.

- 4.2 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.

Patient Related Incidents by Severity April 2021 - June 2022



No harm	191	186	156	213	180	145	126	144	154	151	147	162	186	182	141
Minor	42	43	47	41	47	29	30	45	50	46	52	42	40	45	35
Moderate	9	4	9	5	18	10	10	5	8	10	12	8	7	26	15
Major	1	1	2	3	4	3	0	2	0	0	2	3	6	2	0
Catastrophic	1	0	1	2	4	0	1	1	1	0	0	0	0	5	1
Catastrophic (Death caused by the Incident)	1	2	4	6	0	2	3	1	0	1	0	2	0	1	1

4.3 The highest reporting category for patient related incidents during Q2 were response related within EOC, IUC / 111 and PTS.

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

4.5 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.

Quality Alerts (Service to Service - Outgoing Incidents)

4.6 In Q2 the Quality Alerts following its process review alerts are now sent within 7 days of the incident being reported.

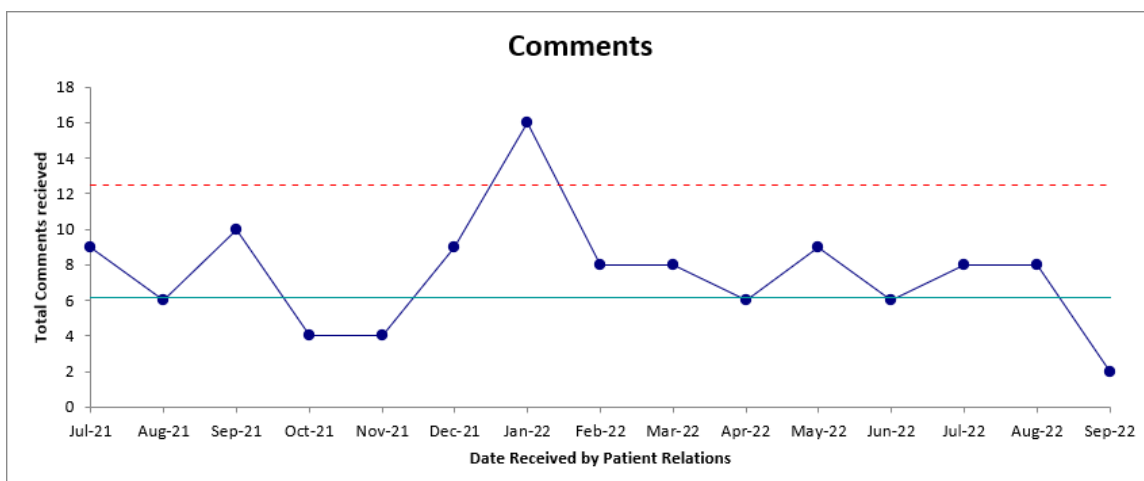
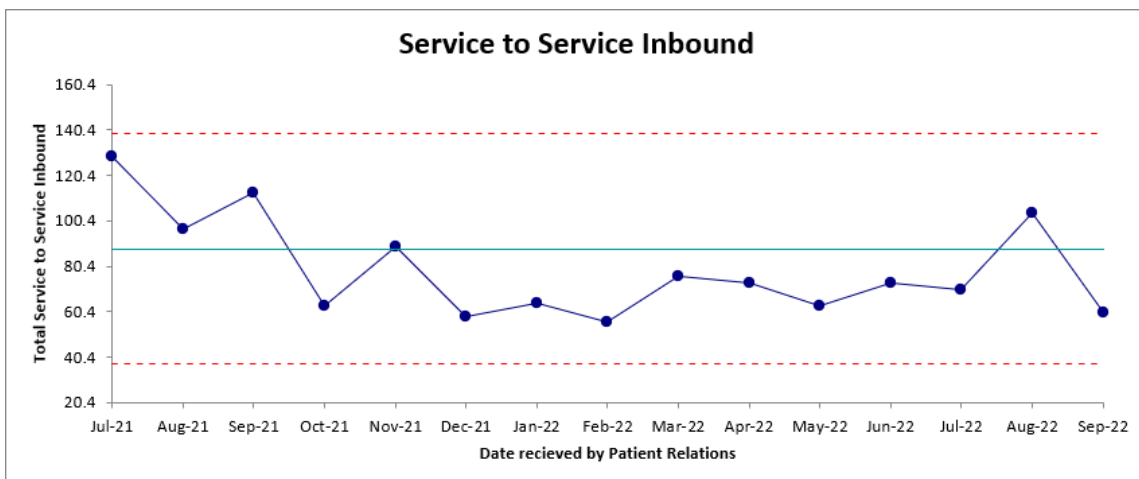
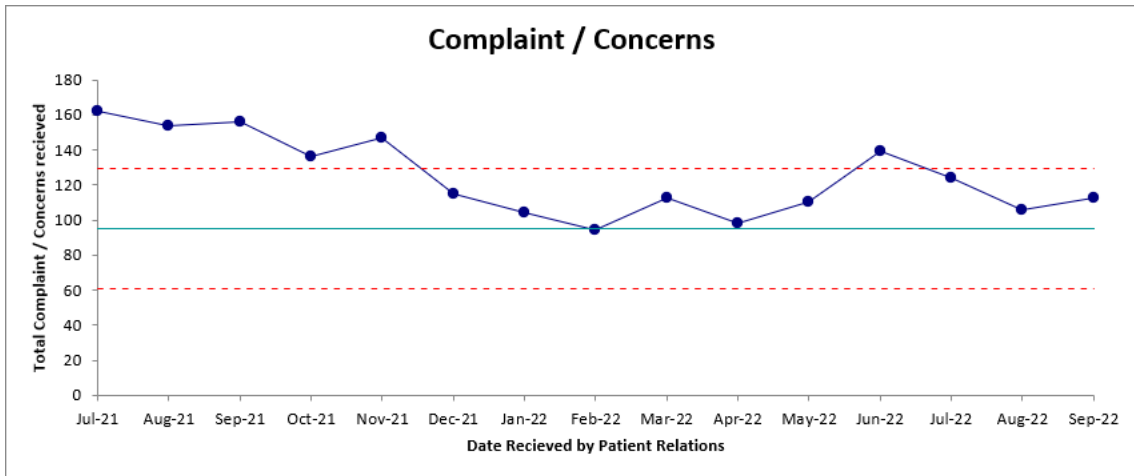
4.7 As part of this review of process we are also monitoring the number of responses received back to YAS from these alerts to measure if the change to approach to these means people are more likely to respond. If the alerts are issued closer to the incident, they may also be more likely to respond.

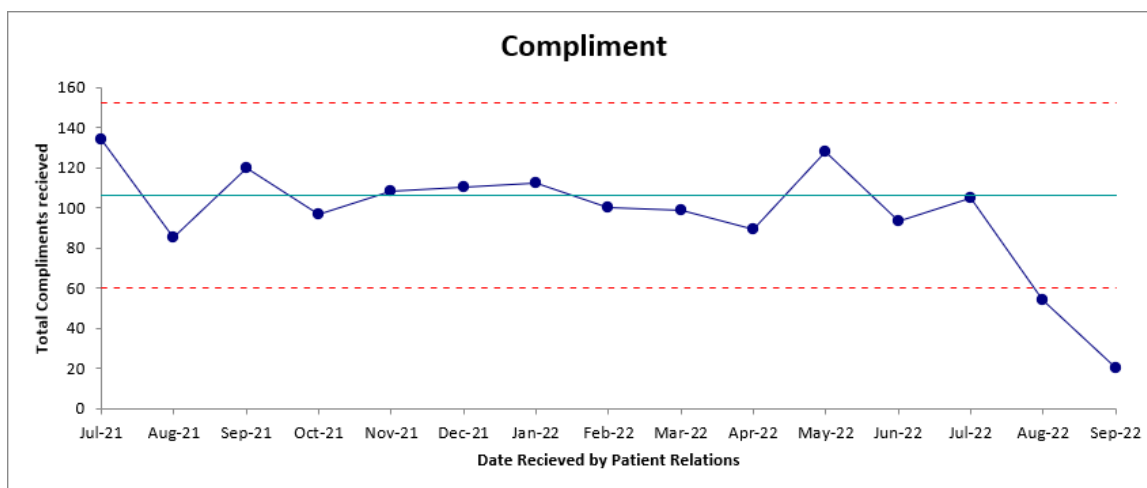
For Q2 we have had responses for 30.4% of Quality alerts sent out.

4.8 The number of quality alerts by service area for Q2 are as follows:
IUC – 75, PTS – 57, A&E Operations – 251, EOC – 21, Support Services – 0

5. COMPLAINTS, CONCERNS, COMPLIMENTS AND COMMENTS (4C'S) & PATIENT EXPERIENCE

5.1. The following charts show the number of cases received across the Trust in Q2 for the separate elements of 4C's:





5.2 The number of compliments shown is less than the number actually received due to capacity within the team. There are 40 Compliments received in August and 82 Compliments received in September which have not yet been logged. These will be reflected in the data for subsequent months.

A&E Call Handling and Dispatch

5.3 The number of cases received for 999 call handling and dispatch has decreased by 10% from last quarter (down from 144 to 129). This is lower than Quarter 2 in 2021/22 when we received 223 cases. There has been an increase in cases about Call Handling of Category 1 calls and a decrease in cases about Call Handling of Category 4 calls. The largest category of complaint across the Trust relating to 999 call handling and dispatch this quarter is delayed responses to Category 2 calls followed by delayed responses to IHT calls.

A&E Operations

5.4 Cases received for A&E Operational Services are slightly less than Quarter 1 (down from 183 to 174) and are less than levels received in Q2 2020/21 (by 22% - was 224). There has been a slight decrease in Attitude cases from last quarter (down from 70 to 57) whilst Operational cases and Clinical cases have remained around the same. The largest category of complaint across the Trust for A&E Services continues to be Attitude and Communication Skills followed by Clinical Assessment.

Patient Transport Service (PTS)

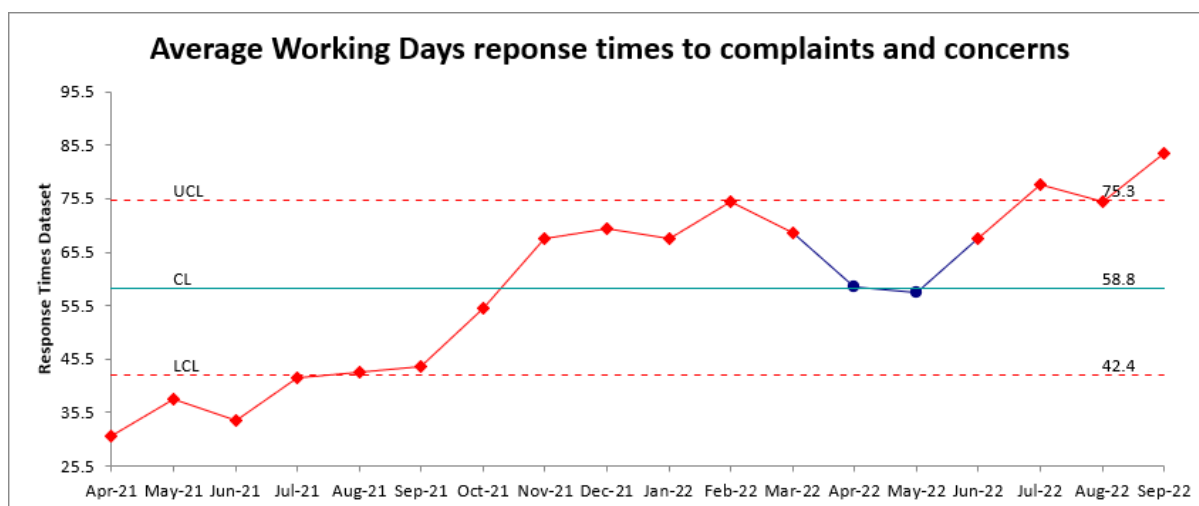
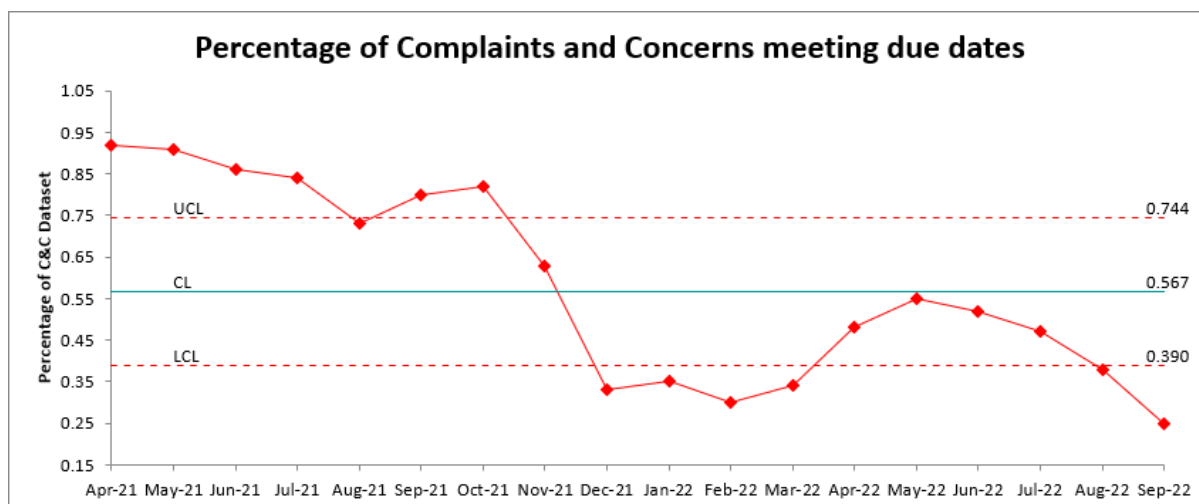
5.5 Numbers of complaints received about the PTS Service in Quarter 2 are 22% greater than Quarter 1 (up from 134 to 163). There have been increases in cases about collected late from clinic, late pickups from home, did not arrive at clinic, patient care and arrived late at clinic. The highest category this quarter is Collected Late from Clinic followed by Patient Care.

Integrated Urgent Care

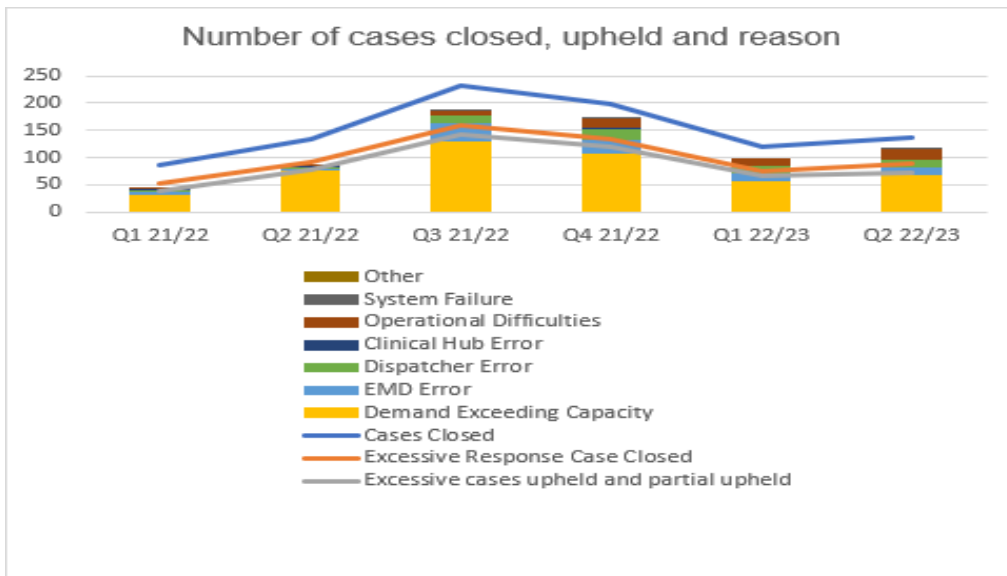
5.6 The total number of cases received this quarter for IUC has increased by 4% from last quarter (up from 100 to 104). There has been an increase in Telephone Manner of Call Handlers (from 4 to 9), and Failure to follow SOP (from 2 to 5). Call Outcome has decreased from 43 to 36 and Handover between services has decreased from 16 to 8. The highest category of complaint this quarter is Clinical - Call Outcome followed by Appropriateness of Referral.

5.7 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 25% for the whole of the Trust. Performance in A&E services was 12% in September and PTS was 16%. IUC achieved 92%.



5.8 The following chart shows 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. 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 21% of upheld cases and dispatcher errors apply to 21% of upheld cases.



Financial remedies

5.9 No financial remedies have been made this quarter as a result of complaints upheld under local procedure. The details are outlined in the table below.

July 2022		
No payments made		
August 2022		
No payments made		
September 2022		
No payments made		

Ombudsman requests

5.10 During Quarter 2 there were no new formal Ombudsman cases commenced. One case was concluded which was upheld but no actions were recommended as the Ombudsman was satisfied with the actions already taken by YAS when the complaint was dealt with locally.

Patient Survey responses

5.11 We continue to survey A&E and PTS patients on a quarterly basis and receive positive feedback. The survey results are attached.

A&E

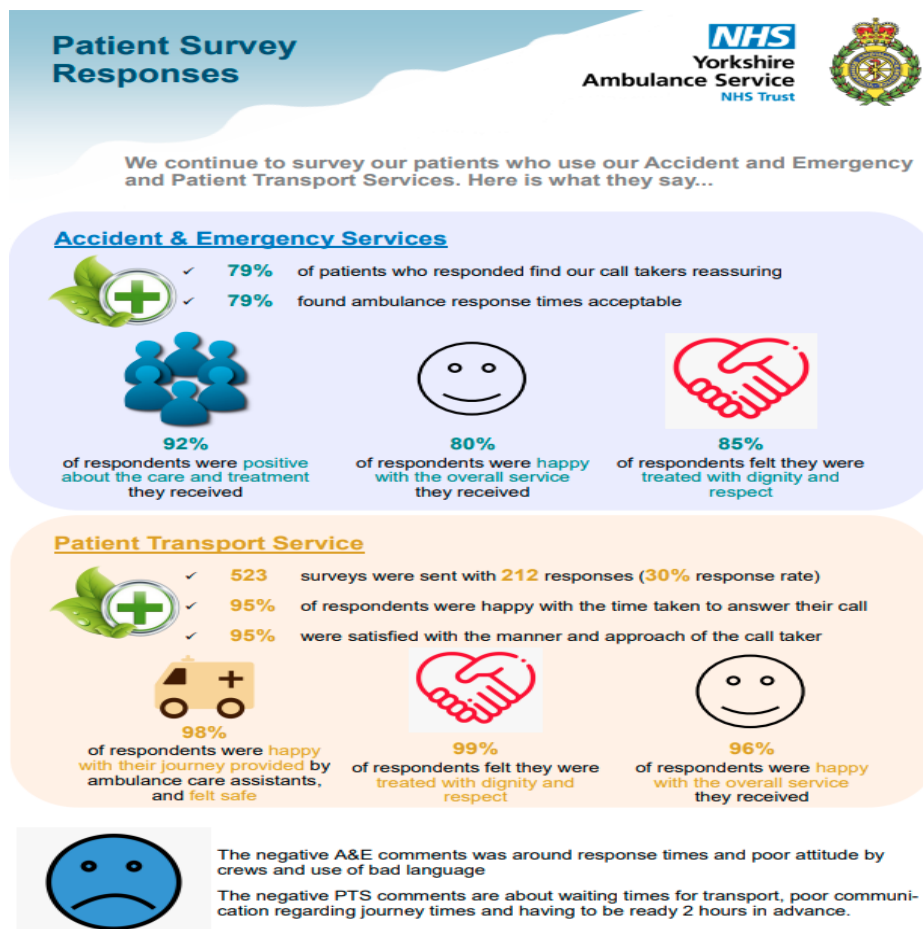
5.12 570 questionnaires were sent out and 142 responses were received, giving a response rate of 25%. This quarter there were 117 narrative comments made – 72 positive and 45 negative. The percentages of the positive comments received were relating to the following:

- Care by crew and first responders – 78%, Call Handling – 11%, Response times – 6%
- Hospital Care – 2%, Clinician call backs – 1%
- The percentages of the negative comments received were relating to the following:
- No ambulance sent or had to await call back – 27%, Call Handling – 20%,

- Response times – 20%, Delay in call answering – 8%, Crews swearing or poor attitude 8%
- Not feeling listened to (either Call handlers or crews) – 8%, Hospital handover delays – 4%
- Clinical Assessment by crew – 2%, Breach of confidentiality by crew – 2%

PTS

- 5.13 523 surveys have been sent out this quarter to users of the Patient Transport Service. 212 survey responses were received for Quarter 2 giving a response rate of 30%. 87 positive narrative comments and 28 negative comments were made this quarter.
- 5.14 All the positive comments made by respondents relate to how much the patients value the service and have experienced good customer service from start to finish with caring and helpful staff. There are some specific comments praising the taxi services provided in North Yorkshire and also in Leeds. One positive comment was relating specifically to transport to renal service at Seacroft.
- 5.15 Half of the negative comments related to waiting times for transport with respondents unhappy with having to be ready 2 hours in advance and feeling that the wait times for transport home are too long. The other half of the comments were in respect of general customer service issues including poor communication regarding journey times, poor attitude of some staff, unhelpfulness, rudeness and careless driving of taxi drivers (West and South), problems getting through on the telephone and uncomfortable vehicles.



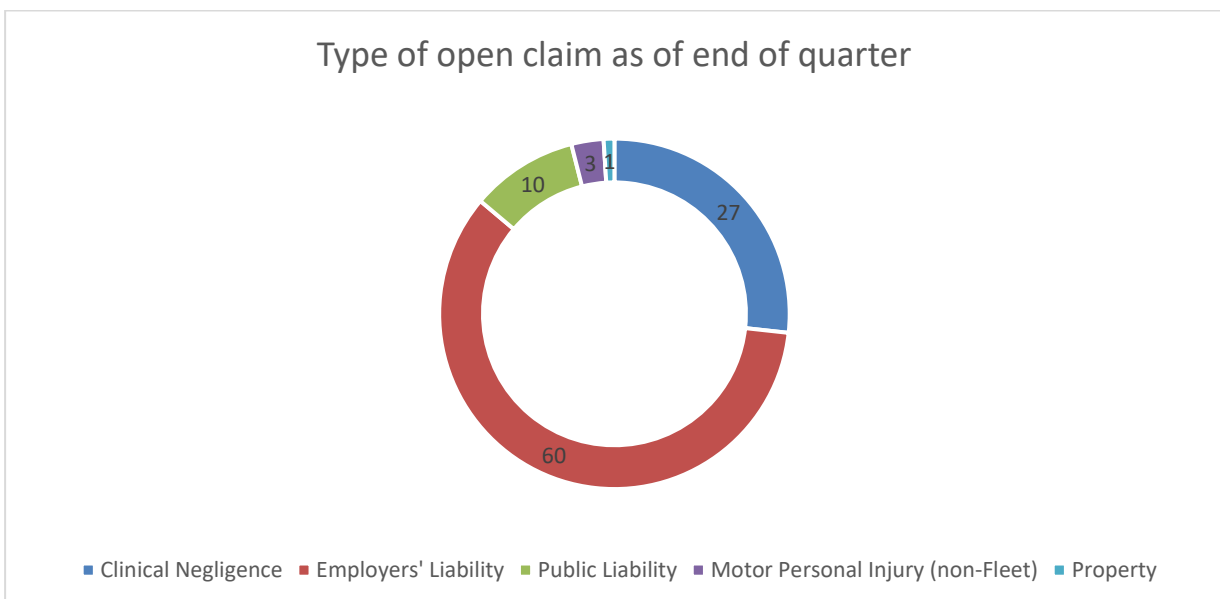
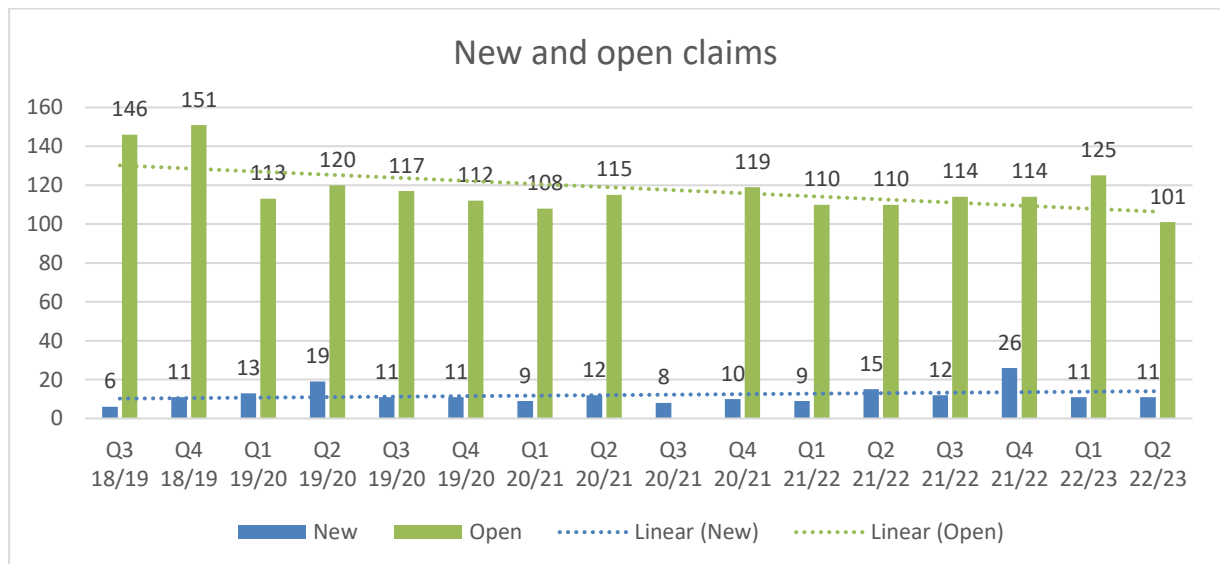
Critical Friends Network

- 5.16 The work around the CFN continues. We have established a Patient Safety Partner (PSP) Implementation Group which will determine the scope of the PSP work. Once this has been agreed it will enable the completion of the CFN review. CFN members 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.

6. LEGAL SERVICES

Claims

- 6.1 There are currently 101 open claims against YAS that have been reported under the NHS Resolution Insurance Schemes, the Trust's motor policy scheme, and property claims: a considerable decrease from previous quarters, being the lowest number of open claims since Q3 18/19. During Q2, 11 new claims were reported, which static from the previous quarter and more in keeping with previous quarters.



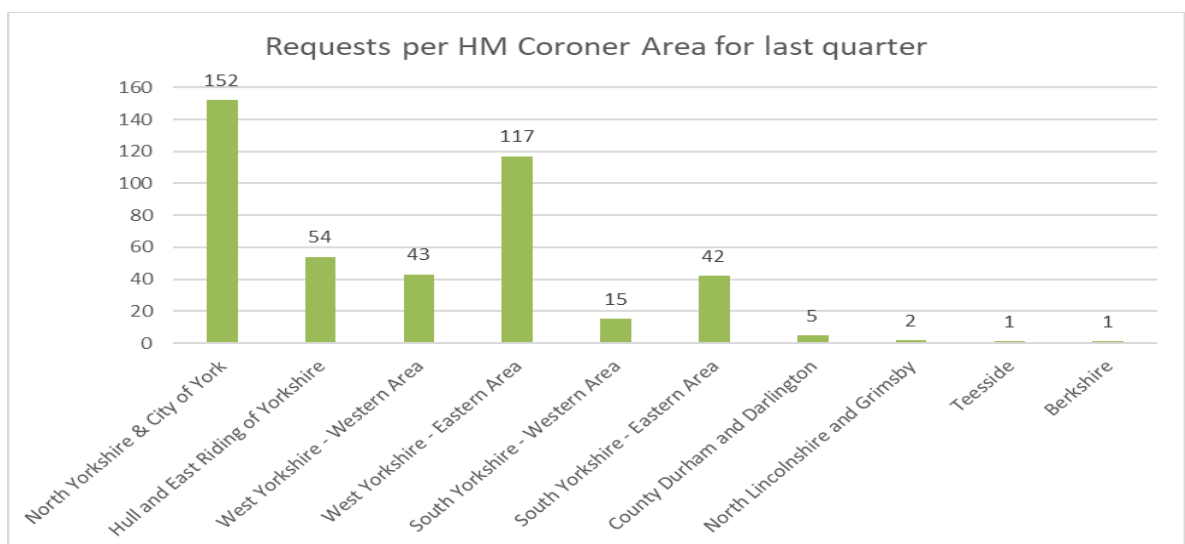
Claim related risks and learning

- 6.2 Challenges relating to the timeliness of submission of documents and evidence of through investigations back to the insurers (NHSR) as required by policy continue for Legal Services departmental staff. Dedicated meetings to explore issues with timeliness have been undertaken with certain departments to improve return of information. Claims Strategy Meetings for complex matters along with the maturing of Microsoft Teams becoming business as usual assists considerably with the timely submission of documents and evidence.
- 6.3 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 cemented vital links between A&E Operations and the Legal Services Department and the department’s presence at these meetings are now commonplace and established. Quarterly information pertaining to claims and themes/trends are then fed back to the senior leadership team within the CBUs.
- 6.4 Risks pertaining to working practices surrounding the familiarisation training pertaining to vehicles and equipment remain significant as one of the largest triumvirates of claim types relate 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

Following a ‘soft launch’ of the videos, plans are in place for a new proposal to be made to the non-clinical Portfolio Governance Board in Q3 to explore whether these bitesize videos can be made mandatory for staff who use vehicles as part of their duties.

Coroner’s requests

- 6.5 During Q2 the Trust has received 432 new requests, which is a continued increase from previous quarters. The graph below shows the HM Coroner Areas concerned:



- 6.6 At the end of Q2, there were 407 open inquest cases (on DATIX, notwithstanding any legacy cases which are spreadsheet based) which is considerable decrease from the previous quarter. Of the 407 cases which are open, 8 cases are confirmed as amber (medium risk), and 78 cases are confirmed as red (high risk). All inquests relating to serious incidents are automatically graded as red and the significant (if not total) proportion of the red cases are linked to serious incidents.
- 6.7 The Trust and provided evidence (written and/or oral) at 24 inquests in Q2 which is slightly lower than the previous two quarters. Out of the 24 inquests heard in Q2 where oral or written evidence was adduced, two cases were amber and four were red.
- 6.8 The amber cases included the following:
- a) A patient who was attended to at scene and discharged with worsening advice, following a week of abdominal pain and complaints. Further call received two days later with deterioration of the patient and HM Coroner expressed concerns about the decision making about the non-conveyance for the first attendance.
 - b) A patient who presented with shortness of breath and was conveyed to hospital as per the cardiac pathway.
- 6.9 The red cases included the following:
- a) A patient was being conveyed in the rear of an ambulance en route to hospital when the ambulance was involved in a road traffic collision, injuring the patient and both staff members. The patient passed away at the scene and the staff members received medical attention.
 - b) An inquest which was originally heard in 2015/16 which was re-opened due to information not being provided to HM Coroner by another organisation. No new evidence provided from the Trust, but the Trust Solicitor and counsel were in attendance.
 - c) A patient who was suffering from stroke symptoms, with a Category 2 incident. A community first responder (“CFR”) arrived at scene however due to demands placed upon the service at the time, a qualified resource arrived a considerable time later, with a total response time of more than six hours.
 - d) A patient who had expressed suicidal intention, with a call coming from secondary mental health services. The incident was graded as a Category 2 with a response time of 2.5 hours, however unfortunately upon arrival, the patient was deceased.

Coronial risks and learning

- 6.10 The greatest risk continues, without any major change, to be the external pressure due to the backlog of inquests which are held by the respective coroner areas 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 & Learning Team and investigators within the organisation.
- 6.11 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, the preference amongst the

coroners' areas is for 'in person' attendance unless there is a pressing reason for an alternative. When offered a preference, the remote access is being chosen however this remains at the discretion of HM Coroner.

- 6.12 The ongoing legacy of the pandemic is playing out within the coronial courts and the effects of the extreme pressure upon the Trust continue to be at the forefront of several coronial cases. The Trust will see more inquests where excessive delays are a major feature of the patient's chronology with the ambulance service.

Prevention of Future Death (PFD) reports

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

7. SAFEGUARDING

Statutory Reviews

- 7.1 During 2022/23 Q2, YAS has contributed to 3 Rapid Review's and 4 Child Safeguarding Practice Reviews. The Safeguarding team has worked alongside 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. YAS also supported the Safeguarding Adults Boards across Yorkshire and the Humber to scope 8 SAR's and 5 DHR's providing Individual Management Reports (IMR) to multi agency processes as required.
- 7.2 The most common theme running through all SARs received in Q2, was the obvious vulnerability of the adult involved. All of the adults involved within the reviews appeared to have become disengaged with services and consequently become self-neglectful and open to exploitation from others. This is a concerning pattern and one that requires further investigation to understand how YAS can better recognise the signs of vulnerability and potential for exploitation. This will continue to be explored at the frequent caller review workshops.
- 7.3 3 Rapid reviews were received in September and this number was the total of all rapid reviews received in Q2. These requests originated from Bradford, Kirklees and Sheffield and whilst this number has reduced since Q1, the number of rapid reviews in relation to knife crimes remains the same (2 in Q1, 2 in Q2). This number is concerning and highlights the potential for an increase in knife related crime and the threat it poses to children in Yorkshire.
- 7.4 Learning identified for YAS following completion of these statutory requests demonstrated the ongoing necessity to strengthen individual professional curiosity and the need for staff to probe and question further to ensure that all relevant information is gathered. Consideration that the patient is or could be part of a wider family group, and taking a more holistic view remains an area that continues to need ongoing improvement.

Child Death

- 7.5 In Q2, the safeguarding team provided 53 reports for Child Death Overview Panel (CDOP) reviews across Yorkshire and Humber.
- 7.6 Significant learning and information has been disseminated to staff during Q2, including, reminder to refer and the need for professional curiosity, and the NHSE prevent quarterly newsletter. Safeguarding training links and updates during the

summer months in relation to FGM was shared with YAS staff. All of this this information has been retained on the intranet for staff to refer to.

8. PROFESSIONAL BODY REFERRALS (PBRs)

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

9. HEALTH & SAFETY EXECUTIVE (HSE) NOTIFICATIONS

9.1 On the 12th August 22 the Trust received a request for information from the HSE regarding the detection of legionella bacteria at Brough Ambulance Station.

9.2 High levels of legionella bacteria had been detected at the site by another occupier of the building (NHS Property Services) and appropriate action was taken by the Trust and NHS PS to manage the situation. The HSE became aware of the situation due to “concerns” being raised with them. The information request consisted of 13 questions covering the incident including actions taken, monitoring results and a copy of the Trust’s legionella risk assessment, all of which was provided to the HSE Inspector on the 24th August 22 for review. A brief follow up was received from the HSE Inspector in October requesting clarity on 3 items of information which has now been provided with no further contact received.

10. DUTY OF CANDOUR – BEING OPEN

10.1 During Q2, 34 new cases were opened under statutory Duty of Candour and remain open for communication at time of reporting.

10.2 At the time of report completion, 93 candour cases remain open in total.

11. FREEDOM TO SPEAK UP

11.1 During Quarter 2, 23 concerns were raised via the Freedom to Speak Up Process. These are reported in detail in a separate paper.

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.

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.

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.

14.2 There remain concerns about the capacity of the Patient Safety and Patient Relations team to ensure learning is timely and feeds into our continuous improvements over winter, as part of the winter plan and that our response to patients is timely and appropriate. A new way to manage the moderate incidents has been developed alongside additional staff resource. Patient Relations also intend to work in a more streamlined way over the winter months and have been active to increase their current workforce by using additional staff from alternative duties as well as some extra non-recurrent staff.

14.3. ***Risk #432 (Patient Relations) Current Rating – SIXTEEN (16)***

IF the Trust do not manage existing backlog of 4C and PALs enquiries and continue receiving them at current levels
THEN the patient relations and wider Trust capacity to support the investigations and responses will see further delays
RESULTING IN failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally, not dealing with cases delays the identification of issues and learning further impacting patient safety.

Risk #389 (Quality and Safety – Risk review being performed regularly to reflect changing situation with updates provided) Current Rating TWELVE (12)

IF the Trust temporarily deploys area clinical governance lead colleagues to other areas of the business as a result of REAP 4 and escalated pandemic pressures,
THEN there will be a risk of reduced support and capacity of the serious incident team to perform its governance function, RESULTING IN poor incident investigation, poor engagement with her Majesty's Coroner, families and colleagues at both clinical commissioning groups and care quality commission.

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.

16. APPENDICES

16.1 Appendix A – IUC Safety updates

16.2 Appendix B – Patient / Staff incident overview

16.3 Appendix C – Incident Reporting Rate (Staff) Comparison

16.4 Appendix D – Incident Reporting Rate (Patient) Comparison

16.5 Appendix E – Safeguarding Data / Statutory Review

Appendix A

YAS IUC Safety Updates 'Take 5' (Q2)

Take 5 information leaflets for staff in IUC for Quarter 2.

The image displays 24 'Take 5' information leaflets for staff in IUC for Quarter 2. Each leaflet is designed as a small poster with a 'Take 5' icon and a specific safety topic. The topics are:

- Headache (HEADING TYPE)
- Demographic Check 'No' Identity Card
- SEPSIS (Sepsis is the threatening and can be hard to spot)
- Ambulance Dispatch: Is the Scene Safe?
- Palliative Care Patient's
- Safeguarding - Within a Care Environment Setting (SOP 5.3 Adult and Children Safeguarding and Child Protection Information Service)
- GP or HCP request for ambulance
- Speaking to the patient
- Anaphylaxis
- Confirming the Patients GP Practice? SOP 1.2 Call Answering Salutations
- Pathways
- Pre-determined Management Plan
- Repeat Callers SOP 1.7
- Logging out of Pilot SOP 1.1 Logging into Pilot
- Booking GP and ED Appointments
- Stop & Think (three leaflets)

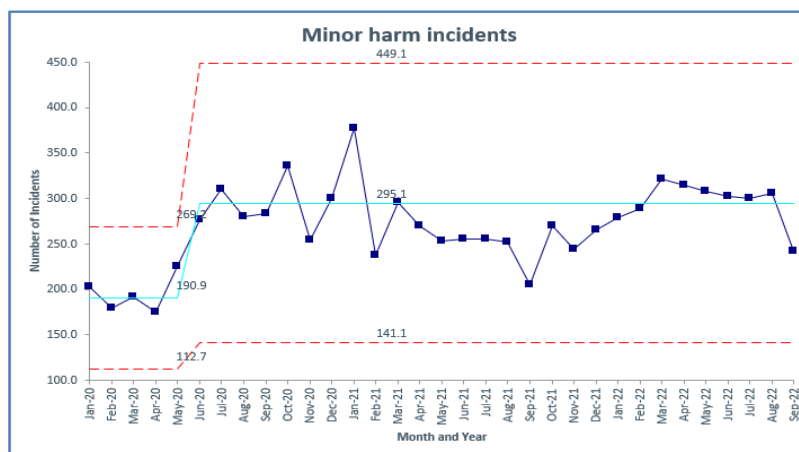
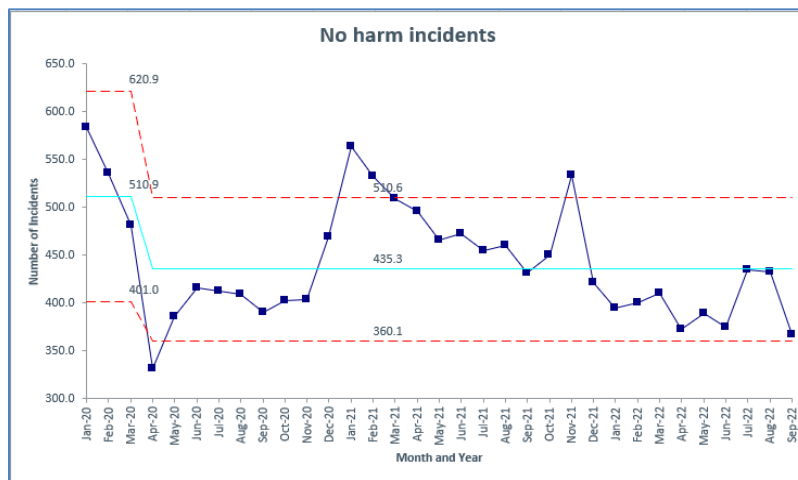
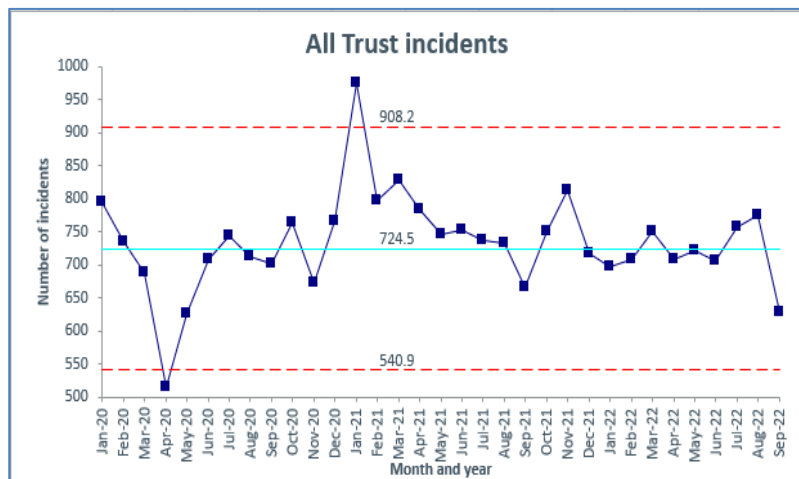
Each leaflet includes a 'STOP' sign, a 'THINK' sign, and an 'ACT' sign, along with specific instructions and questions for staff to consider. The 'Stop & Think' leaflets are more detailed, with sections for 'Think - Why', 'Act - Now', and 'Act - New'.

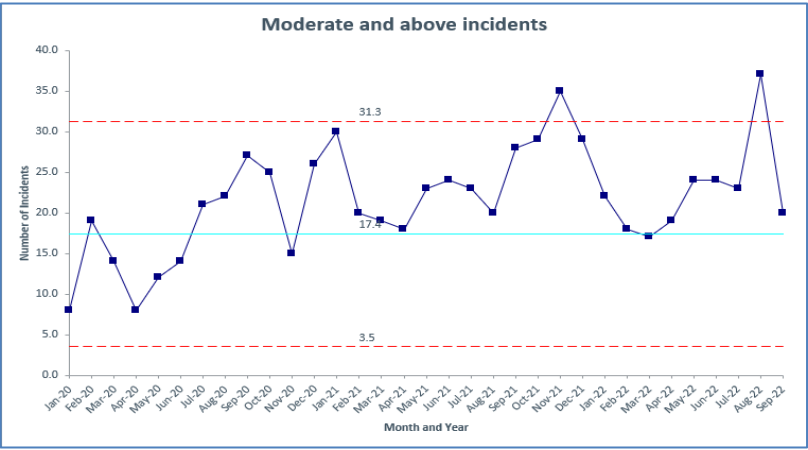
Appendix B

Patient / Staff incident overview

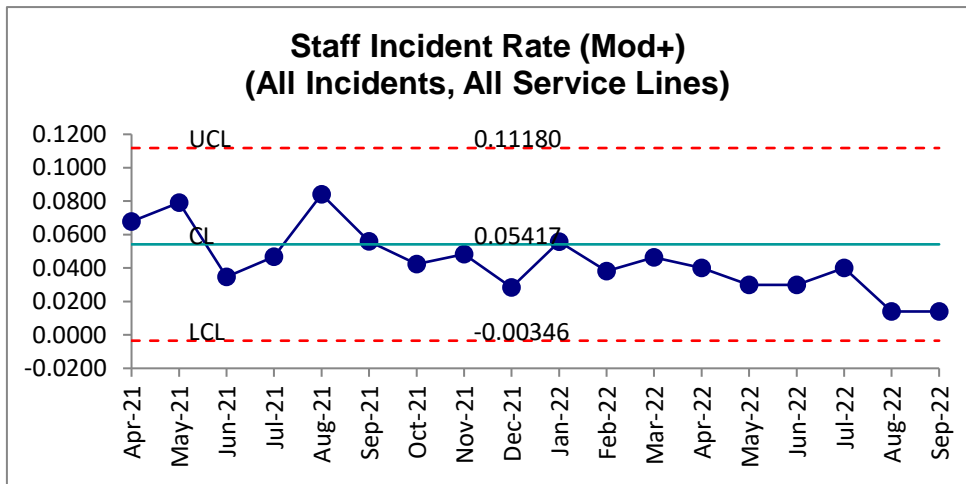
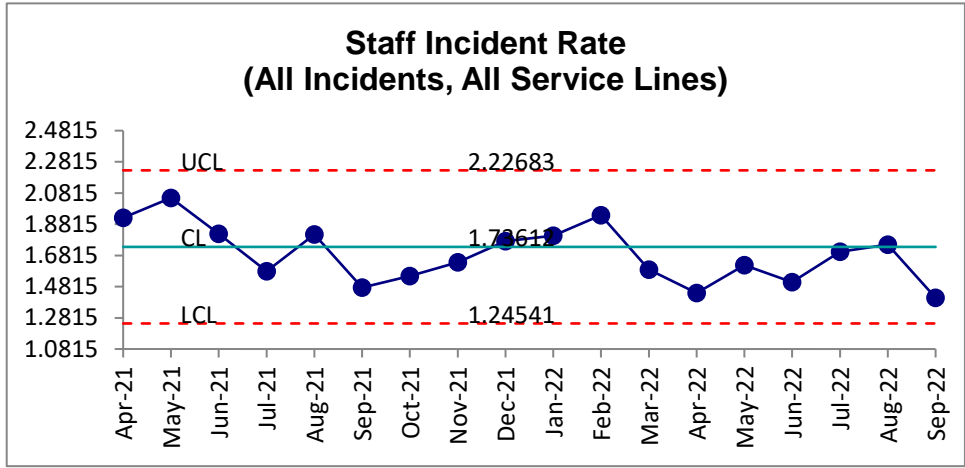
The SPC charts below show the number of incidents by reported date across the cumulative period 01 Jan 2020 – 30 Sept 2022.

Incidents at all severity levels remain within expected limits throughout Q2, with continued trends mirroring normal pre pandemic levels across all activity. A downturn in all incident severities can be noted towards the end of Q2 with moderate and above harm reporting returning to average levels seen similarly throughout the timeline.

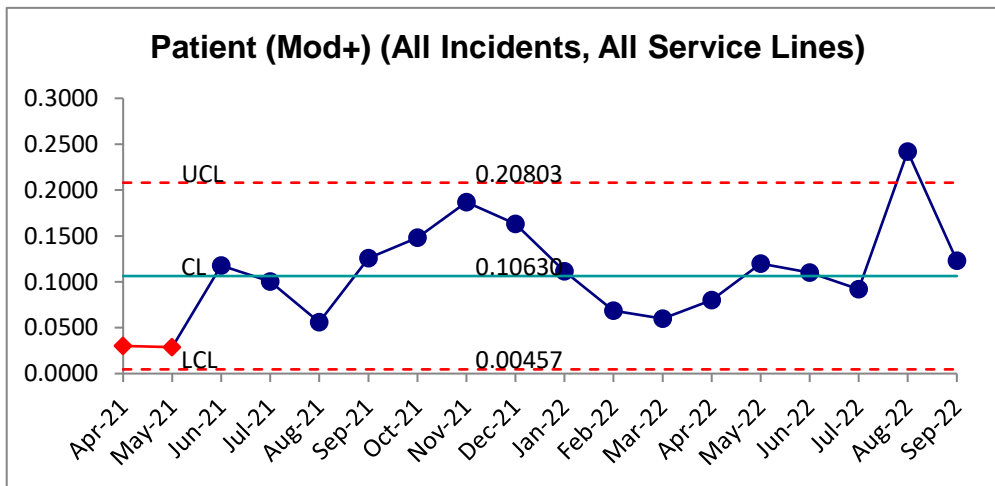
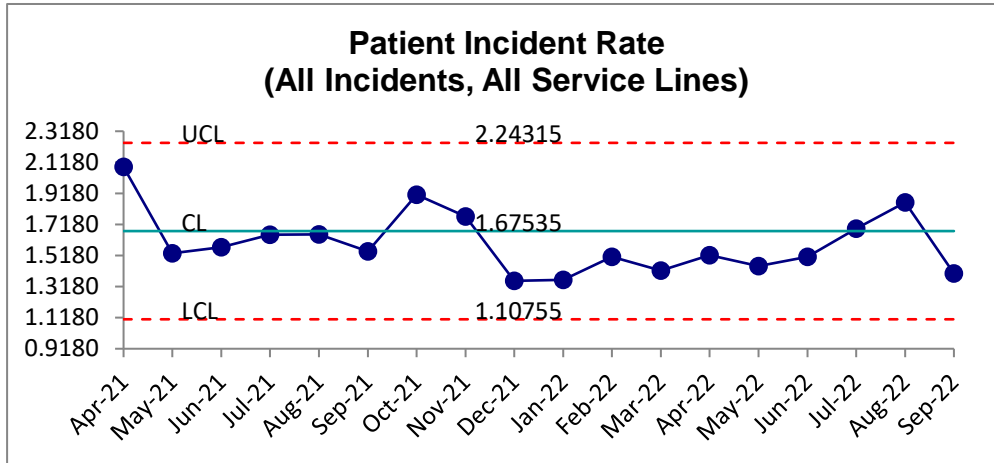




Appendix C Incident Reporting Rate (Staff) Comparison



Appendix D Incident Reporting Rate (Patient) Comparison



Appendix E Safeguarding Data / Statutory Review

