NHS
Northamptonshire Healthcare
NHS Foundation Trust

Trust Board – 26 July 2018
Serious Incident Learning Assurance Report for May and June

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Purpose of the report

This document is presented to the Trust Board on a bimonthly basis to provide assurance of the efficacy of the incident management and Duty of Candour compliance processes. This document will demonstrate that the systems of control are robust, effective and reliable. It will also outline instances of practice within the Trust that highlight our commitment to the continuous improvement of incident and harm minimisation.

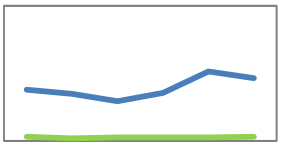
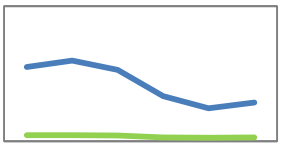
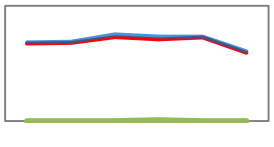
Contained below are an overview, trends and analysis of incidents reported in May and June 2018. The report outlines the categories of incidents, the levels of harm, assurance around being open, numbers of investigations and the themes emerging from recently completed investigation action plans, reviews of Datix incidents and associated lessons learned. Comparisons will be made with the previous financial year where appropriate.

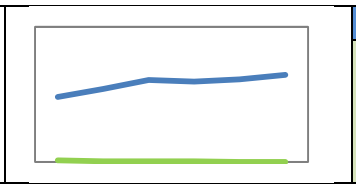
Information relating to the discussions and rationales for other incidents, including unexpected deaths that do not meet the criteria for further investigation as Serious Incidents (SIs), or Clinical Reviews (CRs), is presented to the Clinical Commissioning Group on a quarterly basis for review at every Serious Incident Assurance Meeting (SIAM). Information relating to SIs and CRs performance can be found in Appendices 1 & 2.

Analysis of the issue

The most frequently recorded incidents within the context of patient safety are listed within tables 1 and 2.

Table 1 – Incidents and near misses – excluding Pressure Ulcers. (Data source: Datix).

Type of Incident	Graph shows the trend to date and includes the last 6 complete quarters (Q3 2016/17 – Q4 2017/18).	All levels of harm				
		Moderate Harm +				
		Total 2017/18	Financial YTD 2018/19	May & June 2018	Most recent full Quarter (Q1 2018/19)	Previous Quarter (Q4 2017/18)
		1507	464	318	464	514
Self-Harm		92 (6.1%)	31 (6.7%)	20 (6.3%)	31 (6.7%)	26 (5.0%)
		851	143	95	143	122
Accidental Injury Includes falls (assisted & found on floor), cuts and bruises etc.		69 (8.1%)	14 (9.8%)	8 (8.4%)	14 (9.8%)	12 (10.2%)
		721	151	97	151	183
Medication Incidents		2 (0.0%)	0 (0.0%)	0	0 (0.0%)	0 (0.00%)
		No harm: 705 (97.8%)	No harm: 148 (98.0%)	No harm: 95 (98.0%)	No harm: 148 (98.0%)	No harm: 111 (99.0%)

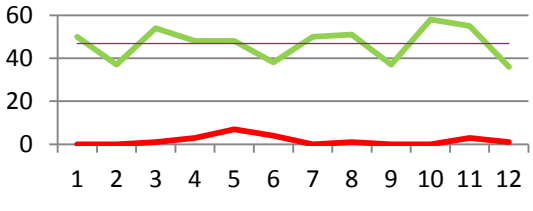
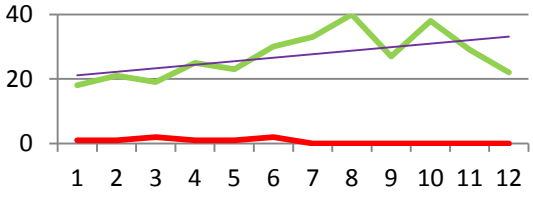
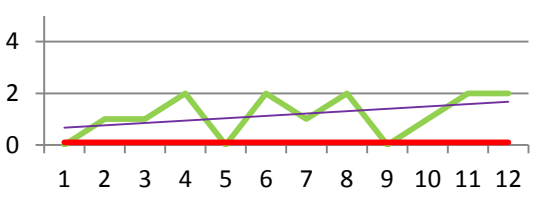
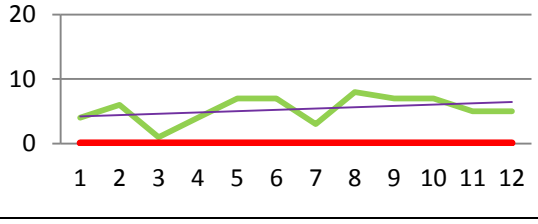
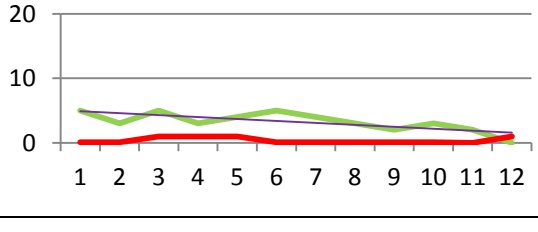
Violence / aggression		470	129	84	129	122
		3 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

With regards to the above incident data; there is nothing of note to report.

Table 2 – Acquired Pressure Ulcers.

(Data source: Lead Nurse for Pressure Ulcer Prevention and Head of CSU, Professional Development – data subject to challenge by the CCG).

With regards to the incident data below; there is nothing of note to report.

Grade of PU	Trend over last 12 months – PUs / month (Includes latest 2 month reporting period)	May 2018	June 2018	Average / month (over last 12 months)
Acquired Grade 2		Unavoidable		
		55	36	46.8
		Avoidable		
		3	1	1.7
Acquired Grade 3		Unavoidable		
		29	22	27.1
		Avoidable		
		0	0	0.7
Acquired Grade 4		Unavoidable		
		2	2	1.2
		Avoidable		
		0	0	0
Acquired Deep Tissue Injury		Unavoidable		
		5	5	5.3
		Avoidable		
		0	0	0
Acquired Moisture Damage		Unavoidable		
		2	1	3.3
		Avoidable		
		0	1	0.3

IAM Meeting, SI and Clinical Reviews

During May and June 2018, 8 IAM's were held, at which decisions on 53 incidents were decided; 2 SI investigations were initiated; 2 Clinical Reviews and the remaining 49 incidents required no further investigation following the local and IAM review.

(**NB** 3 SIs were reported in May, however one of these was following the IAM at the end of April; hence the 2 cited in this paragraph. Appendix 1 displays the number of SIs based upon when they are logged on the national system, STEIS and therefore shows 3).

CCG Deadline Extensions (SI Investigations)

Submission extensions can be requested for a number of valid reasons, such as annual leave, a witness leaving the Trust, and the involvement of more than one Trust or agency. In May there was one extension and 3 in June. Of the SIs declared this financial year and the last, 30 investigation reports have been submitted with 15 (50%) requiring an extension to the original deadline. A number of these relate to a few very complicated cases that required multiple extensions; however the Patient Team continues to keep a close watch on this quality metric.

Duty of Candour

There have been no confirmed Duty of Candour breaches in May or June. The updated Duty of Candour training has now gone live and all required staff are expected to have completed this within 6 months. An update will be provided within the next Trust Board paper.

HFACS

HFACS work continues to focus on the development of the 'Actions' module within Datix to enable the Patient Safety Team to better manage action plans. The physical changes to the system that are required to deliver this work are underway and undergoing testing.

In addition, the formulation of in-house investigation training incorporating the Human Factors approach, and the development of an investigator's Support Pack, containing full guidance on how an investigation of this type is successfully undertaken, has moved forward. A 3 day training session on SI investigations and Human Factors, provided by one of our regional partner Trusts, has recently been tested on some of the Quality Team. Later this year the external company that has already provided 'Investigation Masterclass' to 2 of our substantive investigators is returning to run a similar session for a selection of investigators, managers and execs.

Learning Lessons and Action Plan themes

During the months of May and June 2018 there were 2 SIs and 2 Clinical Reviews signed off.

Within one of the SI reports there was evidence of good care and evidence that no act or omission, or deviation from practice, led or contributed to the incident investigated. The other SI yielded good learning that was relevant to all inpatient mental health settings. This included the formulation of an appendix to the working with risk policy that will provide clarity about the interface between Working with Risk Tools, and the Risk Screening Tool on SystmOne and the co review of the current Clinical Risk training, to include assessing risks when facilitating informal patient leave. When this case was discussed at the recent SI Review Committee meeting, the implementation of the smoking ban and its impact upon patient safety was discussed and a piece of work initiated to better understand potential risks and consider mitigations. A summary of this paper will be outlined in a future Board Paper.

The 2 Clinical Reviews that were undertaken identified that care was provided within expectations and that NHFT did not contribute to either incident.

A review of the Datix records signed off locally identified other examples of learning, such as within the Diabetic and High Risk Foot Service when incoming referrals exceeded the number of available slots for assessment, telephone triaging was undertaken.

Proposal

The Trust Board are asked to:

- Be assured on the performance of SI report completion and compliance with 'Being Open' and Duty of Candour'.
- Be assured that the administration of SI reporting internally is effectively managed.
- Be assured that the quality assurance of these processes is in place and effective.

Decision required

No decision is required.

Governance Table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Julie Shepherd, Director of Nursing, AHPs & Quality	
Paper authored by:	David Dove, Patient Safety Manager	
Date submitted:	17 July 2018	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	None	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	N/A	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Paper provided on a two monthly basis.	
DIGB Q strategic alignment*:	**D**evelop	
	Innovate	
	Grow	
	Build	
	Quality	✓
Organisational Risk Register considerations:	List risk number and title of risk	**2387** The Trust fails to identify and act on poor practice and/or management.
False and misleading information (FOMI) considerations:	None apply	
Equality considerations:	None apply	

Appendix 1 - This table shows SIs by date declared, rather than by incident date.

SI Numbers		Quarter 1 2017/18	Quarter 2 2017/18	Quarter 3 2017/18	Quarter 4 2017/18	Quarter 1 2018/19	Q1: May & June 2017/18
Unexpected Death SIs	Inpatient	3	4	0	0	0	0
	Community	5	4	2	2	0	0
	HMP	0	1	0	1	0	0
Pressure Ulcer		1	0	0	0	0	0
Homicide		0	0	0	0	0	0
Assault		0	0	1	0	0	0
Harm to patient		0	0	0	0	0	0
Self – harm		0	0	0	2	0	0
Fractures (Slips, trips and falls)		1	1	0	0	1	0
Medication error		0	0	0	0	1	1
Service Delivery		0	0	1	0	2**	1**
Information Governance		1	1	0	0	0	0
Other		0	0	1	0	1	1
NEVER EVENT SIs		1*	0	0	0	**0**	
TOTAL		**11**	**11**	**5**	**5**	**5**	**3**

*** The CCG advised NHFT in January 2018 that a recently investigated Never Event SI relating to the "overdose of Methotrexate in a non-cancer patient" had been allocated to NHFT, rather than to primary care as expected. This was not an additional Never Event SI declared in January 2018.**

**** One of the 2 SIs declared was declared in error and a request made to remove by the CCG. An important piece of evidence was identified that demonstrated that this was not a patient safety incident and no further investigation was required.**

Appendix 2 - Number of SIs and Clinical Reviews.

Number of Clinical Reviews / SIs declared and Associated Data.						
	Month	**Clinical Reviews**	**Serious Incidents**	**CCG Extensions**	**DoC Exceptions / Breaches**	**Downgrades requested**
2016/17 Q4	January 2017	2	2	3	0	0
	February 2017	3	5	2	0	0
	March 2017	1	5	2	0	0
2017/18 Q1	April 2017	3	5	1	0	0
	May 2017	1	4	3*	0	0
	June 2017	5	2	3	1 (October 2016 breach reported in this month)	0
2017/18 Q2	July 2017	4	6	4	0	0
	August 2017	1	4	7	0	0
	September 2017	1	1	2	0	0
2017/18 Q3	October 2017	0	2	6	0	0
	November 2017	3	1	1	0	2
	December 2017	3	2	0	0	6
2017/18 Q4	January 2018	3	1	0	0	0
	February 2018	1	1	0	0	0
	March 2018	1	3	2	0	0
2018/19 Q1	April 2018	2	2	3	0	2
	May 2018	2	1	1	0	0
	June 2018	0	1	3	0	1
Totals for 2017/18		**26** (Av 2.2 / month)	**32** (Av 2.7 / month)	**32** (Av 2.7 / month)	**1** (Av 0.1 / month)	**8**
YTD for 2018 / 19		**4** (Av 1.3 / month)	**4** (Av 1.3 / month)	**7** (Av 2.3 / month)	**0** (Av 0.0 / month)	**3**

*** 2 of the 3 extensions in May were as a direct consequence to the precautions implemented in response to 'cyber-attack' that affected the NHS.**

Appendix 3 – Overdue SI & CR Action Plans

Key: Red – overdue action plan

SI Investigations

Category	Incident date	Commissioners	Action plan Deadline	Rationale for delay	Impact upon patient care / safety
Self-Harm	28/03/2017	Nene CCG	30/06/2018	Awaiting evidence	No Risk
Patient / Client Missing	19/06/2017	Nene CCG	30/06/2018	Awaiting final piece of evidence	No Risk