

Public Trust Board February 2021

Patient Safety Incident and Serious Incident Learning Assurance Report for December 2020 – January 2021

Purpose of the Report

This document is presented to the Trust Board bi-monthly to provide assurance of the efficacy of the overall incident management and Duty of Candour compliance processes. Incident reporting supporting this paper has been reviewed to assure that systems of control continue to be robust, effective and reliable underlining our commitment to the continuous improvement of keeping patients and staff safe by incident and harm reduction.

The report also provides assurance around 'Being Open', numbers of serious incident (SI) investigations and the themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated lessons learned.

Analysis of the issue

The Corporate Patient Safety Team (CPST) continues to work to support the governance of patient safety improvement.

The data presented in relation to incidents is considered in the specialist groups and the learning and actions required to improve are led there and the expectation is that they are owned and monitored through the directorate governance route.

Serious Incident (SI) investigations have continued throughout the challenges of COVID19 and availability of suitably qualified staff to undertake investigations in conjunction with clinical workloads and staff absence. There has been a deterioration of compliance with the 60 working day deadline for submission to the CCG and this in turn means a delay in sharing with our patients/ families. This challenge has also been seen in the timescale compliance of internal investigations of 40 days; these have been extended to 50 working days.

CPST are working with directorates to recover and strengthen processes to improve these positions. The timely closure of SI action plans continues to be challenging and as such we have compiled and agreed register a risk on the Trust's risk register.

Analysis of Patient Safety Incidents reported

Appendix 1 contains all of the Statistical Process Control (SPC) charts utilising the NHSI Toolkit that are shared to support the narrative and analysis below and local speciality incident information.

All incidents reported across LPT in December 2020 and January 2021

The use of numbers related to patient incident reporting are not seen as a good single indicator of safety, however, these are monitored. Overall Incident reporting has shown a

gradual increase and is considered to be related to notable increases in Covid19 infection reporting across staff and patients. CPST continues to share and monitor incidents on a weekly basis through the Incident Review Meeting.

Review of Patient Safety Related Incidents

Pressure Ulcers - Patients affected by pressure ulcers developed whilst in LPT care

There has been a focus on the investigation of Category 4 pressure ulcers until there was a 'saturation of the learning' Meaning that there were key themes being identified and no new themes. It has now been agreed that the focus will move from investigating and instead invest the time in quality improvement and as such the PU group have worked with the IKH hub to develop QI work streams. Commencing the QI work has been challenging with the competing priorities.

Newly emerging theme is the communication with carers in that our care records are on Systmone the service are considering how to effectively communicate so carers are kept informed of the current care.

Falls

Across the Trust number of falls reported has not returned to the lowering trend seen in summer 2020. It is likely related to the acuity of patients in particular in the clinical areas delivering care to patients with chronic debilitating disease and recovering/suffering from Covid19. The falls group continue to meet and monitor all falls and the CPST support this work offering additional scrutiny including discussion of next steps of requesting initial reviews and sharing with CQC & CCG. An update will be provided on this progress in February/March 2021.

The compliance of falls huddles continues to be variable across all specialities and currently does not occur in DMH which is an area for development. The chair of the falls group is supporting DMH.

All Self- Harm including Patient Suicide

December 2020 – January 2021 has seen a steep increase in all self-harm and fall in December 2020 in self-harm incidents with a further trend upwards in January 2021. Patient safety incident investigations/reporting are still continuing to describe 'COVID19' as a contributory factor due to change in access/support/isolation for our patients/families.

Violence, Assault and Aggression (VAA)

In December 2020 & January 2021 there continued to be high numbers of VAA across the Trust. Unfortunately this category of incident features in all mental health, CAMHS inpatient and all learning disabilities top 5 incidents. The Mental Health Directorate are developing a multi-faceted 'Quality Improvement' approach to address this area and plan to share Trust-wide learning; the final report has been shared with QAC. The Beacon unit are working with the CPST to examine their data in detail and have weekly MDT incident.

Medication incidents

Medication incidents are reviewed locally and the use of the BESS medication error tool (stored in Ulysses) to facilitate learning and a fair approach to supporting and managing staff following medication errors is well established; however recent scrutiny has identified that the BESS Tool is not always utilised or attached as part of the incident review. This is an

area that we need to promote with the directorates and understand why this is inconsistent and to promote the value of learning and reflecting following medication errors.

The CPST are working with the Chief Pharmacist to ensure that we are focussing on the areas highlighted for attention in the Patient Safety Strategy and particularly considering the role of the Medication safety officer (MSO).

Directorate Incident Information

Additional slides for information are included within Appendix 1, which detail the top 5 reported Incidents for each Directorate speciality illustrating the level of diversity. Violence and Aggression has been reported in the top 5 reported incidents across Mental Health, CAMHS and Learning Disability specialities, which demonstrates some of the challenges that the clinical teams face across the Trust as they interact and deliver care to our patients.

Queries Raised by Commissioners / Coroner / CQC on SI Reports Submitted

December 2020 & January 2021 saw many requests from the CQC for information (including copies of patient records) in relation to serious incident notifications through 72hr reports, online review of our incidents uploaded to NRLS requesting clarification around action taken in response. The CQC are happy with our responses to these queries.

Learning Lessons and Action Plan Themes

The learning lessons exchange group is working together as a community of practice to achieve true sharing of learning and extended the invitation to those in roles where patient safety improvement work takes place.

Learning will often mean the need for a system change rather than individual change and this group is learning together to spread and implement this thinking. System thinking and Human factors are naturally 'Just'. Learning from SI's is spread over multiple specialties.

The group has not met due to the demand and capacity. They do have a programme of topics planned and Directorates are starting to replicate the model of learning locally.

The key learning themes from SI's:-

- Lack of risk assessments review and putting actions into place to reduce the risk remain an area across the serious incidents that are a recurrent theme through all types of incidents. (Suicide/self-harm/falls/pressure ulcers).
Action: there are pieces of work in progress around collaborative care planning to ensure that care planning is meaningful and specific to patient's needs and risks.
- There is an emerging theme in the community around communicating with carers since we use electronic records.
Action: The community team have been asked to consider how they can effectively communicate with carers in relation to planned care.
- There is also an emerging theme around the adherence to NEWS2 protocols in relation to escalation and monitoring and Sepsis screening.
Action: working groups established for NEWS2 and SEPSIS to establish training/policy and monitoring – this will then be overseen by the Deteriorating patient and Sepsis group.

Duty of Candour

We treat all incidents under the principles of both Being Open and Duty of Candour. Nationally there has been a call to move to a 'Culture of Candour' to raise the profile of saying 'sorry' to patients and families when care or services have fallen below expected standards with or without harm. This is intended to support the culture rather than the 'duty'.

The CPST have increased their review of Directorate reported compliance and have identified areas where staff had thought they were compliant when in fact they were not.

The CPST continue to monitor the application of duty of candour and support staff to ensure this is compassionately applied. 360 Audit have completed their auditing of our application of Duty of Candour; as a result there have been some minor amendments to our policy including the renaming to 'Culture of Candour'. The final Duty of Candour letters will now be sent from Directors.

Incident Review Process

The CPST continue to facilitate the weekly incident review meeting process that is shared with all three directorate governance teams, Safeguarding Team, Health and Safety Team and the Patient Involvement and Experience Team. The meetings enable incidents or complaints that may meet the criteria for a higher level of investigation following triage. It is considered that this has been a successful intervention and support mechanism as demonstrated by many other organisations encouraging multi-professional discussion and a more structured approach to identifying appropriate investigation methodology. There continues to be a greater need to ensure oversight from senior clinical team members and lacks the inclusion of medical colleagues currently.

Action: CPST escalating and requesting senior clinical input to support these decisions and identify early learning.

Incident Oversight and action plans post investigation

The incident oversight group continues to monitor the completion of serious incident reports and action plans; there continues to be challenges faced by all directorates in relation to compliance and timely completion.

There is regular sustained commitment from the CPST in working to address and embed this change in ensuring robust oversight of action plan ownership and completion with a member of the team designated to undertake this with others.

Learning from Deaths - Progress update

In order to provide timely information, automatic alerts have been set by the CPST to provide monthly as well as quarterly information to individuals following the submission of an incident form related to death.

Progress has been made to provide greater learning from deaths of individuals with Learning Disabilities. A learning lessons exchange group has been initiated to create a more robust process of LD reviews within the Families, Young Persons, and Children/ Learning Disabilities (FYPC/LD) Directorate through implementing Plan, Do, Study, Act which is a model for improvement and it provides a framework for developing, testing, and implementing changes leading to improvement.

A further local improvement is that we have an immediate review of death of Children and those with Learning Disabilities using the mSJR in FYPC/LD; this is in addition to the requirements of CDOP and LeDeR process. This should enable earlier insight into these patient deaths.

Reaching zero In-Patient Suicide – Progress update

Updates include:

- **Collaboration:** Trust wide suicide reduction lead and DMH suicide prevention lead nurse are working with multidisciplinary colleagues (academics from Leicester University and Leicestershire Police force) to further progress Real Time Surveillance.
- **Informed clinical practice, competence, and pathways:** Key individuals have been provided with suicide prevention template packs which provides summary of the evidence base which must be incorporated into suicide prevention work.
- **Safety Thinking:** A key finding from the Bosworth Scoping exercise was the effectiveness of workarounds adopted by front line staff.

Suicide Prevention – Progress update

- We are aligning suicide fluctuations with the Covid-19 Pandemic with international, national, and local evidence to ensure we raise awareness of preventative adaptations that we must make.
- A group has been identified within FYPC/LD and individuals from CPST to formulate a clinical pathway which will provide consistent guidance on managing non-fixed ligatures.
- In response to concerns about overdosing on prescription drugs initial scoping has been undertaken with pharmacy around the safer prescribing, dispensing and discharge medication for patients at risk of self –harm from their medication.

Decision required

- Review and confirm that the content and presentation of the report of the incident provides assurance around all levels and categories of incidents and proportionality of response.
- Be assured systems and processes are in place to ensure effective investigations are undertaken that identify appropriate learning.

Governance table

For Board and Board Committees:	Public Trust Board	
Paper sponsored by:	Dr Anne Scott	
Paper authored by:	Tracy Ward and Sue Arnold (Corporate Patient Safety Team)	
Date submitted:	15/02/2021	
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):	PSIG-Learning from deaths-Incident oversight	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Assurance of the individual work streams are monitored through the governance structure	
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	Bi Monthly	
STEP up to GREAT strategic alignment*:	High Standards	X
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	X
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trust Wide Quality Improvement	x
Organisational Risk Register considerations:	List risk number and title of risk	<p>1 – There is a risk that the Trust's systems and processes and management of patients may not be sufficiently effective and robust to provide harm free care on every occasion that the Trust provides care to a patient.</p> <p>3-- There is a risk that the Trust does not demonstrate learning from incidents and events and does not effectively share that learning across the whole organisation.</p> <p>New risk Risk 4620 Due to the lack of consistent robust systems and processes within the Trust for the management of serious incident investigations, there is a risk that the organisation will not learn lessons from serious investigations and there will be delays in implementing the actions required. This could</p>

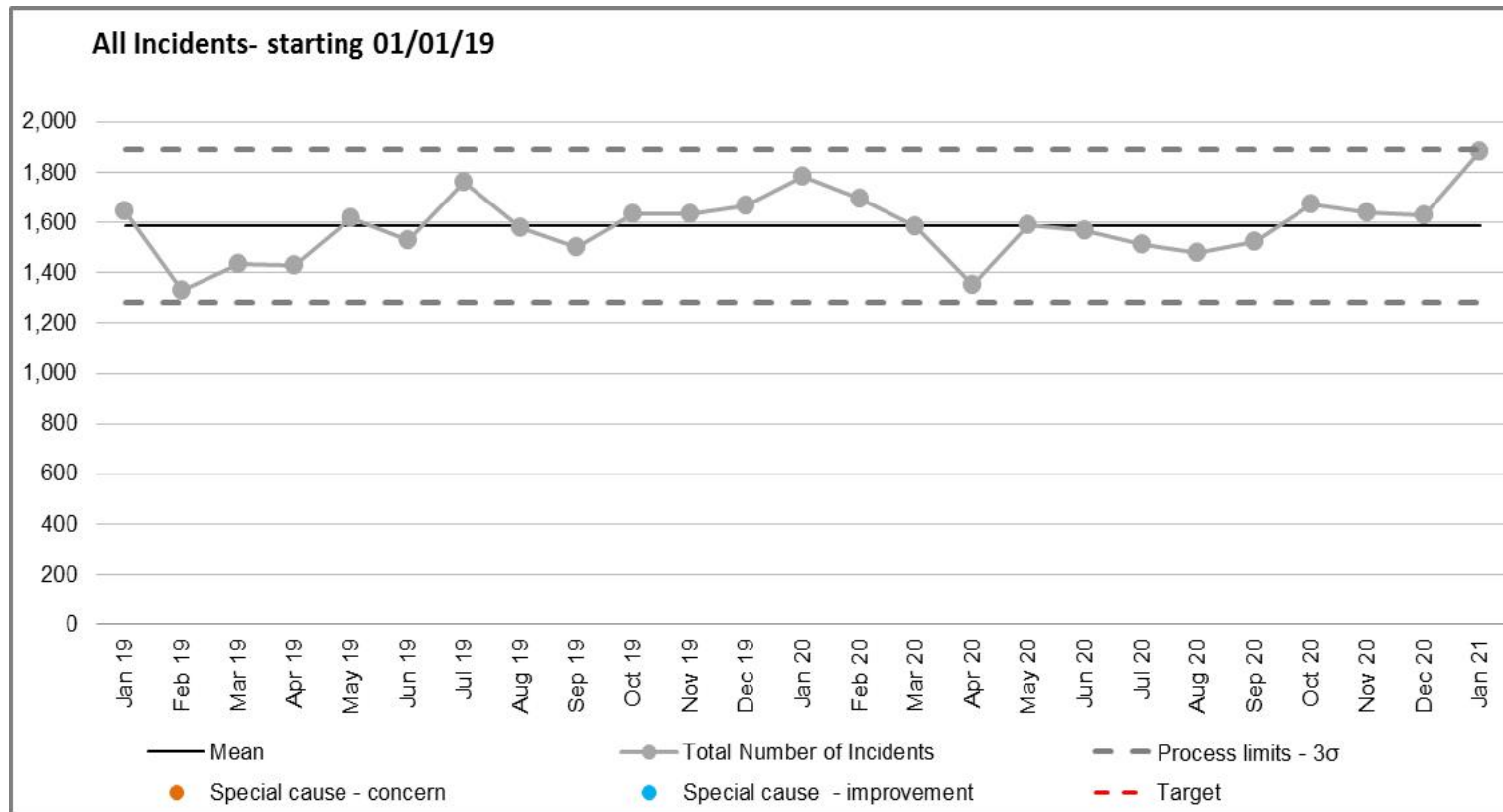
		adversely impact on the safety of patient care, the experiences of patients, their families and staff, as well as causing reputational damage to the Trust.
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		

Appendix 1

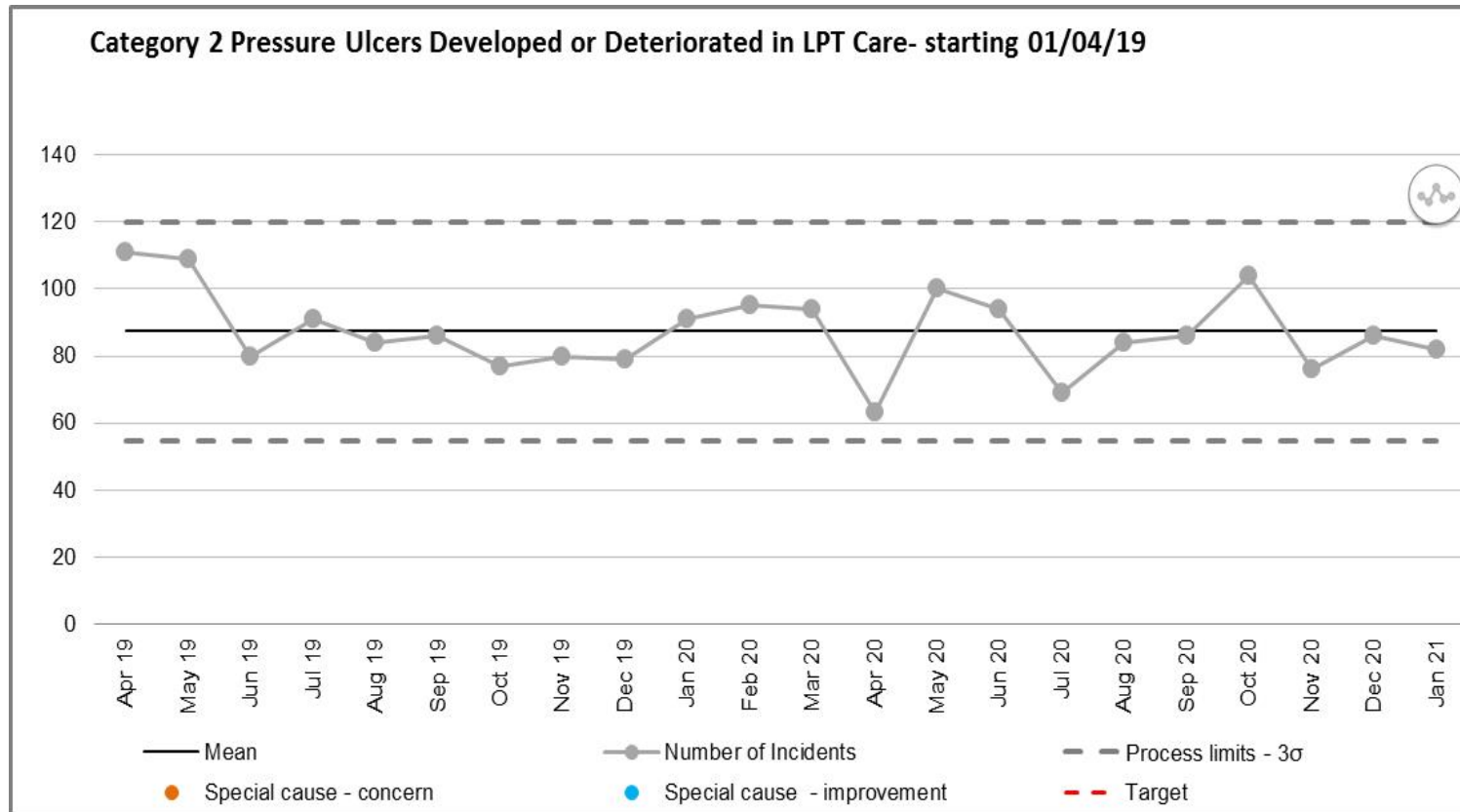
The following slides show Statistical Process Charts of incidents that have been reported by our staff during December 2020 & January 2021

Any detail that requires further clarity please contact the Corporate Patient Safety Team

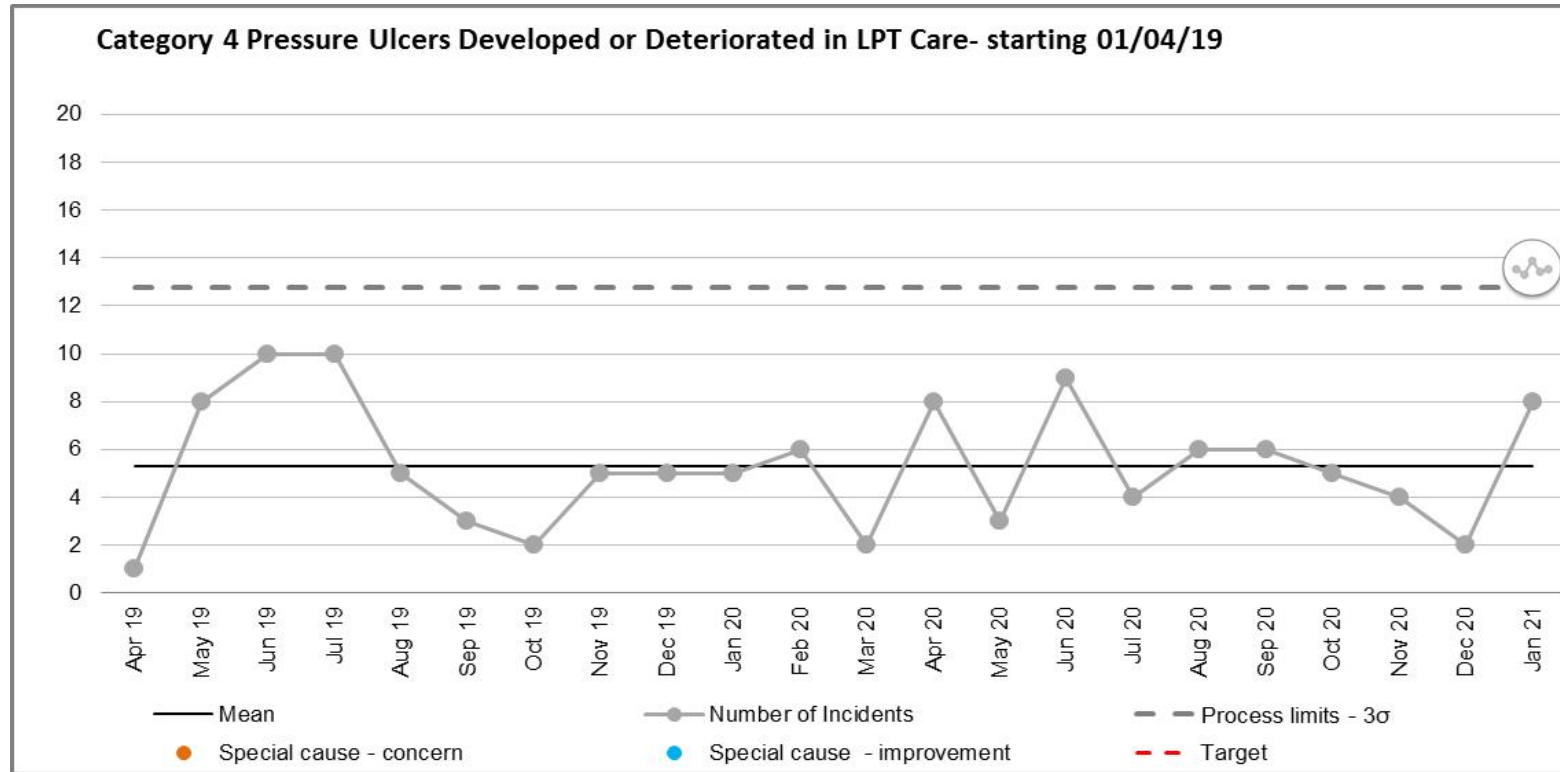
1. All incidents



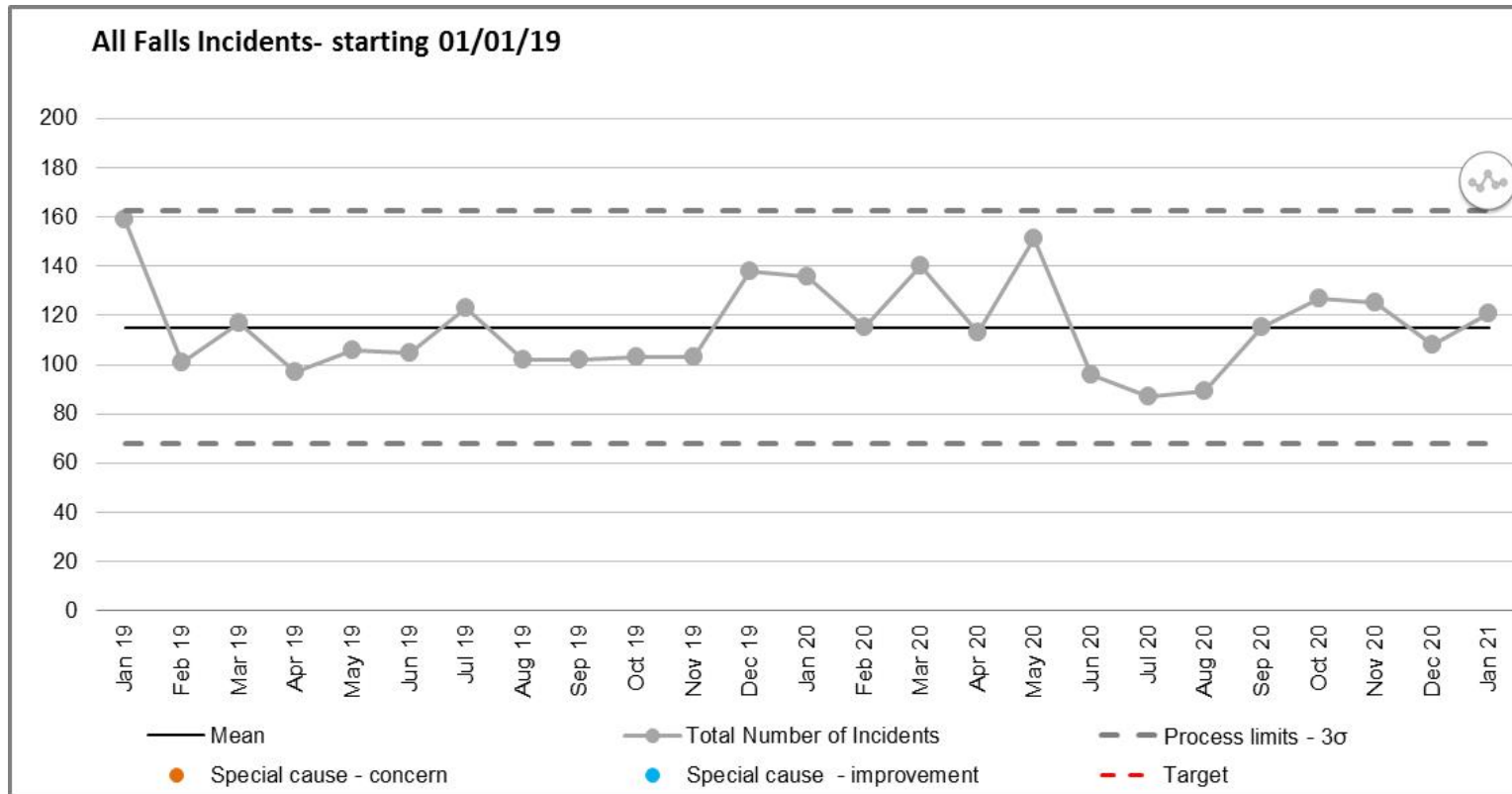
2. Category 2 Pressure Ulcers developed or deteriorated in LPT Care



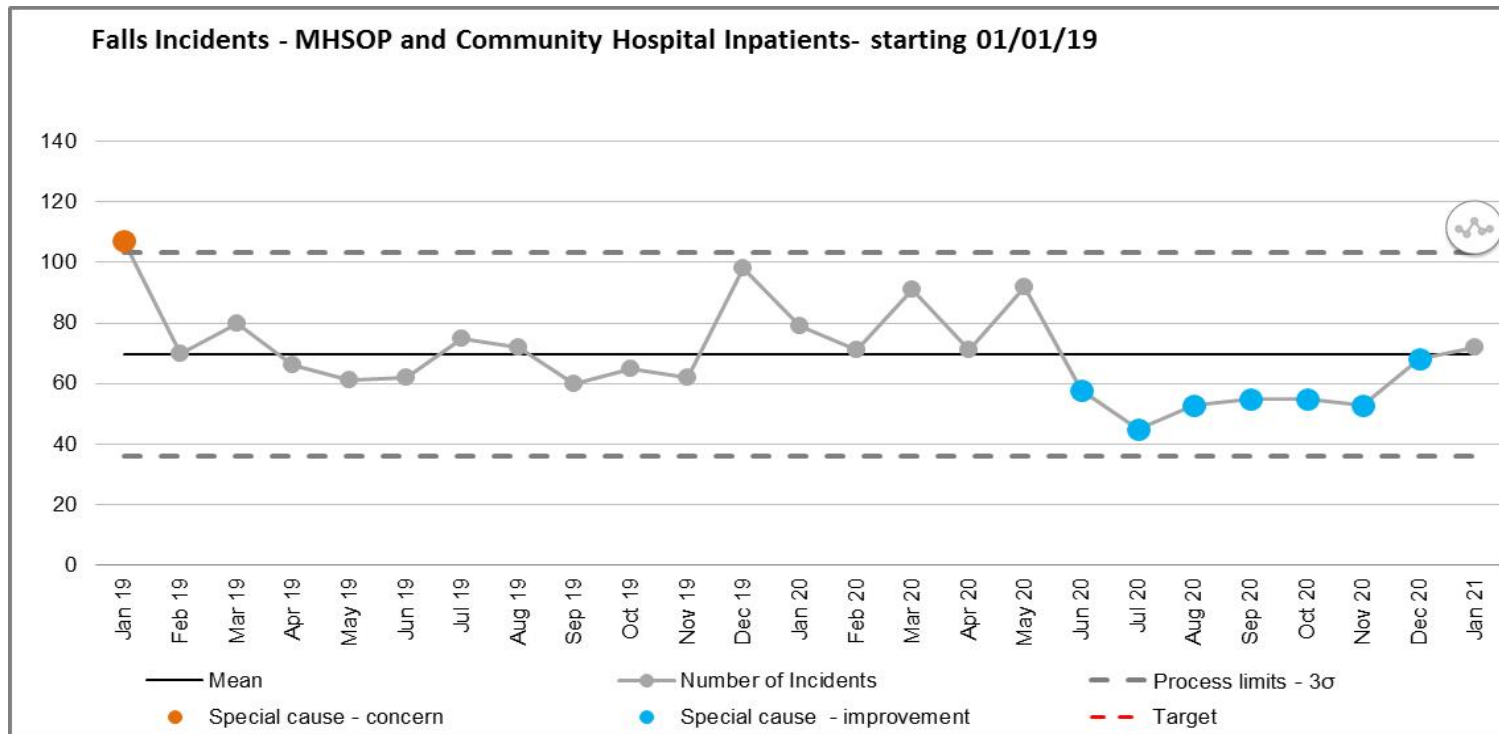
3. Category 4 Pressure Ulcers Developed or deteriorated in LPT Care



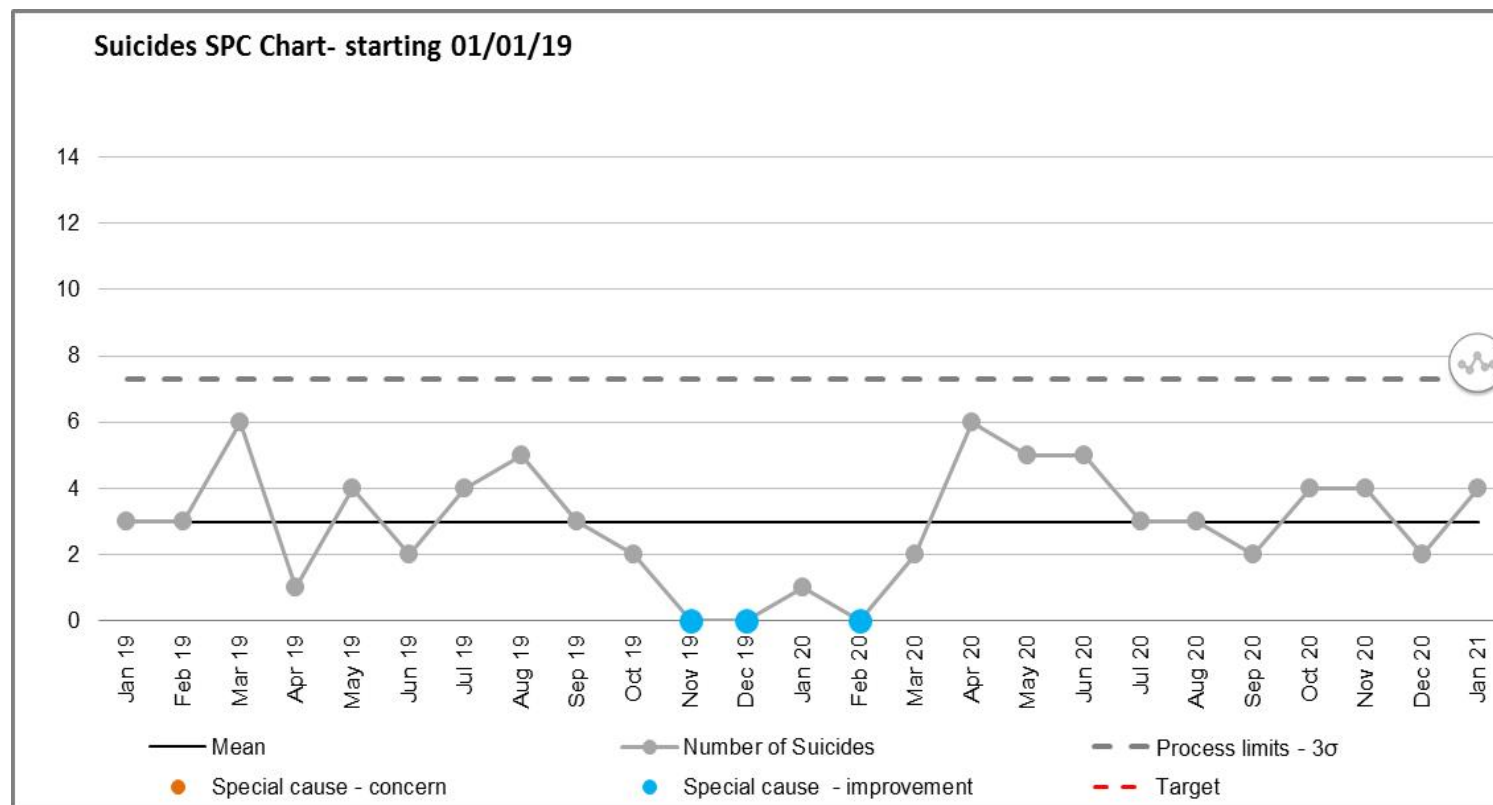
4. All falls incidents reported



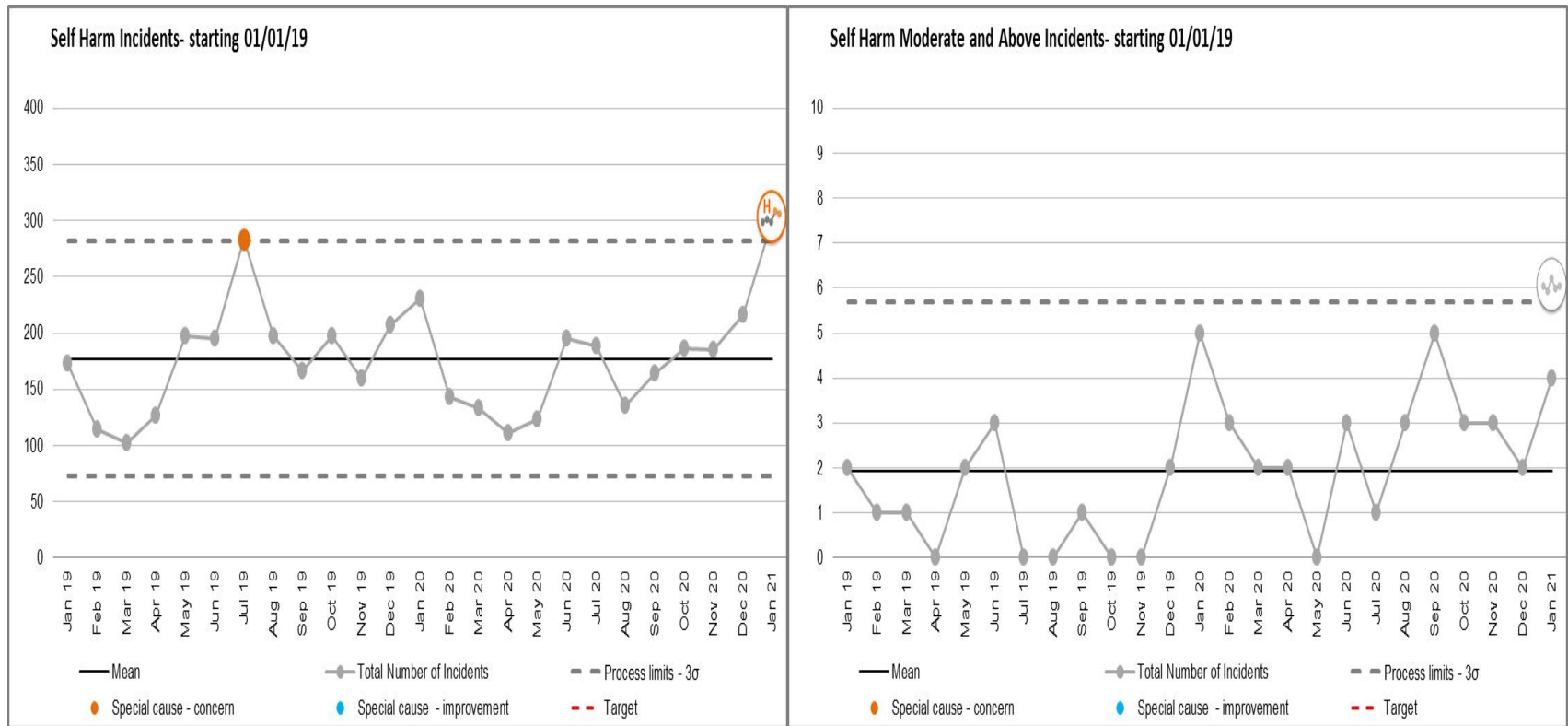
5. Falls incidents reported – MHSOP and Community Inpatients



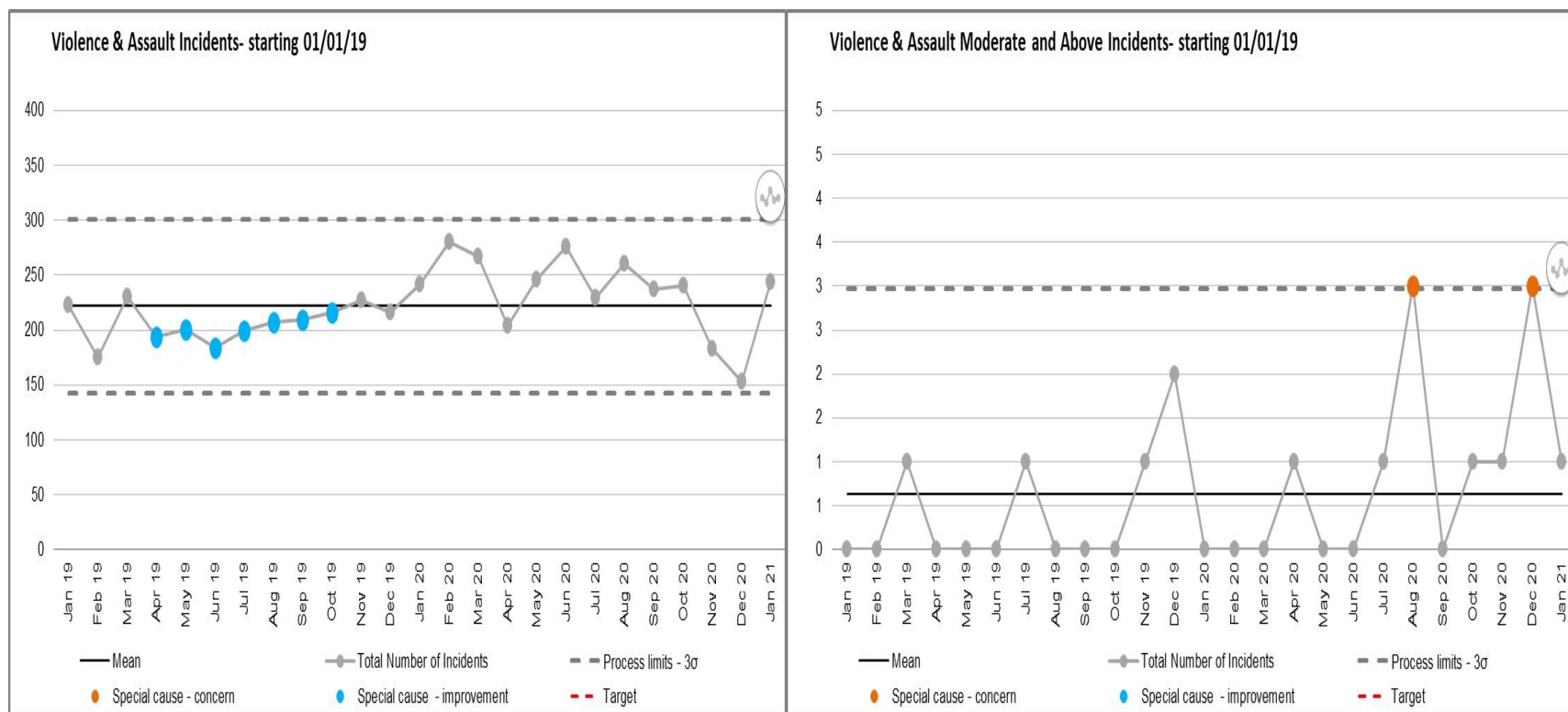
6. All reported Suicides



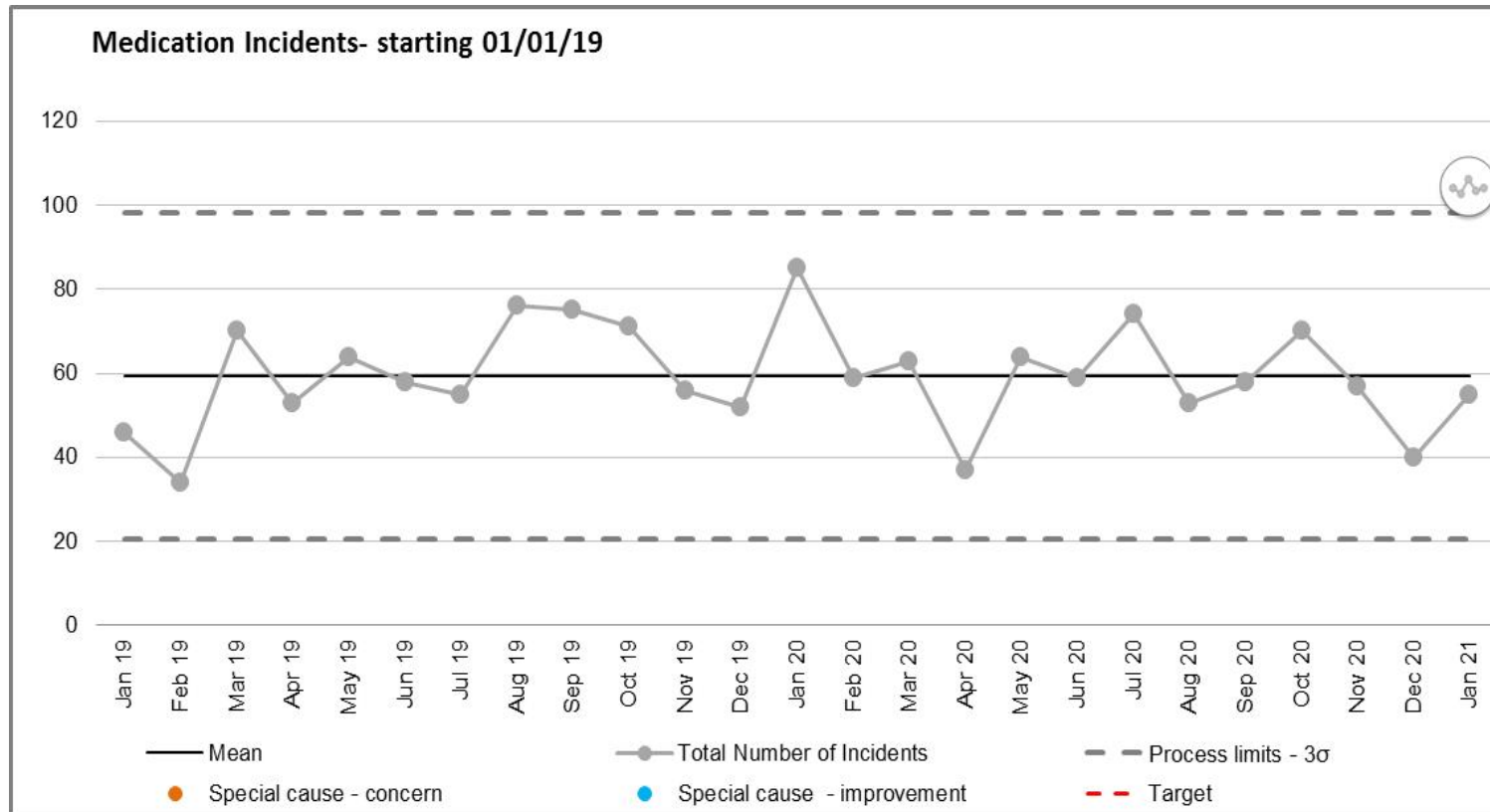
7. Self Harm reported Incidents



8. All Violence & Assaults reported Incidents



9. All Medication Incidents reported



10. Directorate Specialities describing Top 5 Incidents

Table 1: Mental Health: Inpatients

Mental Health Non MHSOP Inpatient - December	
Cause Group	Total
Violence/Assault	78
Self Harm	45
Infection Control	26
Patient Falls, Slips, And Trips	26
Clinical Condition	15
Missing Patient	15

Mental Health Non MHSOP Inpatient - January	
Cause Group	Total
Violence/Assault	125
Self Harm	101
Patient Falls, Slips, And Trips	37
Infection Control	20
Clinical Condition	14

Table 2: Mental Health Community

Mental Health Non MHSOP Community - December	
Cause Group	Total
Infection Control	29
Self Harm	27
Patient Death	20
Violence/Assault	15
Safeguarding (Children)	7

Mental Health Non MHSOP Community - January	
Cause Group	Total
Self Harm	47
Violence/Assault	33
Patient Death	12
Infection Control	11
Safeguarding (Adults)	11

Directorate Specialities describing Top 5 Incidents

Table 3: MHSOP – Inpatients

MHSOP Inpatient - December	
Cause Group	Total
Patient Falls, Slips, And Trips	34
Infection Control	15
Clinical Condition	9
Violence/Assault	9
Medication	4
MHSOP Inpatient - January	
Cause Group	Total
Patient Falls, Slips, And Trips	32
Clinical Condition	15
Violence/Assault	15
Infection Control	8
Staff Falls, Slips, And Trips	5

Table 4: MHSOP – Community

MHSOP Community - December	
Cause Group	Total
Patient Death	11
Self Harm	4
Clinical Condition	3
Safeguarding (Adults)	3
Security	2
MHSOP Community - January	
Cause Group	Total
Patient Death	6
Self Harm	5
Violence/Assault	3
Medication	2
Allegations Against Staff	1

Directorate Specialities describing Top 5 Incidents

Table 5: Learning Disability – In-Patient

LD Agnes Unit - December	
Cause Group	Total
Violence/Assault	49
Patient Falls, Slips, And Trips	4
Self Harm	3
Communication	2
Staffing	2

LD Agnes Unit - January	
Cause Group	Total
Violence/Assault	64
Allegations Against Staff	12
Self Harm	3
Staffing	3
Case Notes & Records	2
Communication	2

Table 6: Learning Disability - Community

LD Community - December	
Cause Group	Total
Infection Control	8
Safeguarding (Adults)	7
Self Harm	4
Violence/Assault	4
Safeguarding (Children)	2

LD Community - January	
Cause Group	Total
Infection Control	19
Safeguarding (Adults)	5
Violence/Assault	5
Patient Death	4
Self Harm	4

Directorate Specialities describing Top 5 Incidents

Table 7: FYPC Inpatient CAMHS

FYPC CAMHS Inpatient - December	
Cause Group	Total
Self Harm	134
Violence/Assault	12
Missing Patient	5
Infection Control	4
Clinical Condition	3

FYPC CAMHS Inpatient - January	
Cause Group	Total
Self Harm	147
Violence/Assault	11
Missing Patient	3
Staffing	3
Infection Control	2

Table 8: FYPC non LD Non CAMHS

FYPC Non LD Non CAMHS - December	
Cause Group	Total
Self Harm	130
Infection Control	17
Communication	15
Case Notes & Records	11
Violence/Assault	11

FYPC Non LD Non CAMHS - January	
Cause Group	Total
Self Harm	141
Infection Control	14
Case Notes & Records	13
Communication	11
Violence/Assault	8

Directorate Specialities describing Top 5 Incidents

Table 10: CHS In-Patient

CHS Inpatient - December	
Cause Group	Total
Infection Control	80
Tissue Viability	45
Patient Falls, Slips, And Trips	34
Patient Death	7
Staffing	6
CHS Inpatient - January	
Cause Group	Total
Infection Control	66
Tissue Viability	45
Patient Falls, Slips, And Trips	40
Patient Death	13
Staffing	12

Table 11: CHS Community

CHS Community - December	
Cause Group	Total
Tissue Viability	370
Infection Control	16
Medication	15
Safeguarding (Adults)	11
Communication	7
CHS Community - January	
Cause Group	Total
Tissue Viability	434
Infection Control	37
Medication	22
Safeguarding (Adults)	10
Case Notes & Records	8

11a. StEIS Reported Serious Incidents (SI's)

Appendix 3 - STEIS Notifications and Internal Investigations

		StEIS Notifications	SI INVESTIGATIONS							Internal Investigations				
		Downgrade & removal requests	SIs declared AMH/LD	SIs declared FYPC	SIs declared CHS	Signed off within month	Within original deadline	SI Downgrade requests	Confirmed DoC breaches	AMH/LD	FYPC	CHS	Signed off within month	Within original deadline
2019/20 Q1	April	0	3	0	0	3	*	0	0	9	4	1	*	*
	May	0	7	2	4	3		0	0	2	4	0		
	June	0	3	1	10	3		0	0	4	2	0		
2019/20 Q2	July	0	6	0	11	2		0	0					
	August	0	2	0	4	7		0	0					
	September	0	3	1	22			2	0					
2019/20 Q3	October	0	2	2	4	5	31%	0	0	0	0	0		
	November	1	10	1	4	9		1	0	0	0	0		
	December	1	4	4	1	9		1	0	1	0	1		
2019/20 Q4	January	0	3	2	10	8	32%	0	0	2	2	1		
	February	0	5	2	10	2		0	0	0	1	1		
	March	6	3	0	5	27		0	0	2	0	2		
YTD		8	51	15	85	78		4	0	20	13	6	0	#DIV/0!
2020/21 Q1	April	7	6	3	0	0		0	0	6	0	2		
	May	0	8	3	9	7		0	0	3	1	2		
	June	1	5	4	4	2		0	0	9	0	2		
2020/21 Q2	July	0	5	2	16	9		1	0	9	3	0		
	August	0	4	0	3	13		0	2	2	2	0		
	September	1	8	2	2	17		1	14	0	0	0		
2020/21 Q3	October	1	5	1	3	4		0	6	2	2	2		
	November	0	9	1	1	4		0	5	1	1	3		
	December	0	7	2	6	18		0	8	4	1	0		
2020/21 Q4	January	0	10	4	1	13		0	10	2	5	1		
	February													
	March													
YTD		10	67	12	45	87	0.0%	0	45	38	15		0	#DIV/0!

11b. Directorate SI Action Plan Compliance Status 2020/21 to date

	ADULT MENTAL HEALTH & LEARNING DISABILITIES SI ACTION PLAN TOTALS						
	Total SI (Other) Action Plans due to be Implemented	Total SI (Other) Action Plans Implemented	Total SI (Pressure Ulcer) Action plans due to be Implemented	Total SI (Pressure Ulcer) Action plans Implemented	% Total SI Action Plans Implemented by Month	% Total SI Action Plans Implemented YTD	% Quarterly
Apr-20	7	1	0	0	14.29%	14.29%	20.83%
May-20	7	1	0	0	14.29%	14.29%	
Jun-20	10	3	0	0	30.00%	20.83%	
Jul-20	6	3	0	0	50.00%	26.67%	39.47%
Aug-20	2	1	0	0	50.00%	28.13%	
Sep-20	30	11	0	0	36.67%	32.26%	
Oct-20	15	2	0	0	13.33%	28.57%	34.55%
Nov-20	20	6	0	0	30.00%	28.87%	
Dec-20	20	11	0	0	55.00%	33.33%	
Jan-21	18	9	0	0	50.00%	35.56%	50.00%
Feb-21	0	0	0	0	-	35.56%	
Mar-21	0	0	0	0	-	35.56%	
Total YTD:	135	48	0	0	35.56%	35.56%	

11b. CHS Directorate SI Action Plan Compliance Status 2020/21 to date

	COMMUNITY HEALTH SERVICES SI ACTION PLAN TOTALS					
	Total SI (Other) Action Plans due to be Implemented	Total SI (Other) Action Plans Implemented	Total SI (Pressure Ulcer) Action plans due to be Implemented	Total SI (Pressure Ulcer) Action plans Implemented	% Total SI Action Plans Implemented by Month	% Total SI Action Plans Implemented YTD
Apr-19	1	1			100.00%	100.00%
May-19	1	1			100.00%	100.00%
Jun-19	5	3			60.00%	71.43%
Jul-19	3	2			66.67%	70.00%
Aug-19	1	0			0.00%	63.64%
Sep-19	12	9			75.00%	69.57%
Oct-19	6	2			33.33%	62.07%
Nov-19	13	5			38.46%	54.76%
Dec-19	14	10			71.43%	58.93%
Jan-20	14	9			64.29%	60.00%
Feb-20					-	60.00%
Mar-20					-	60.00%
Total YTD:	70	42	0	0	60.00%	60.00%

12. Lessons Learned/Learning

Continuing themes in the investigation of category 4 Pressure Ulcers reported (these met SI criteria):

- Not individualising care plans
- Inconsistent approach to correct Skin assessment
- Lack of timely holistic patient assessments
- Consideration for mental capacity assessments on initial admission to caseloads and when patient's conditions change

Action; QI project addressing these key themes –overseen by PU group

Continuing themes in the investigation of Falls that meet SI criteria:

- compliance in undertaking falls risk assessments in a timely way
- compliance of undertaking lying & standing blood pressure
- Inconsistent application of the findings of the falls risk assessments i.e. supervision of the patients

Action; Falls group working with the IKH to develop a QI project to address key themes

12. continued – Lessons Learned/Learning

Violence & aggression

The level of Violence & Aggression across Mental Health, CAMHS & Learning Disability Inpatients continues to feature in the top 5 incidents for all these specialities

Action: focussed work on Beacon unit involving the MDT to consider incidents and in depth data analysis to understand triggers and possible solutions

Self-Harm

The trend is still high proving challenging on resources and an indication the acuity of the patient group and also individual patients. Data is identifying patients overdosing using prescription medicines

Action: Suicide reduction lead working with Chief Pharmacist to consider the possible solution to reduced dispensing

Care of the deteriorating patient

Early data suggests that NEWS escalation is not always strictly followed

Action: Task and finish work commenced in relation to NEWS2+SEPSIS