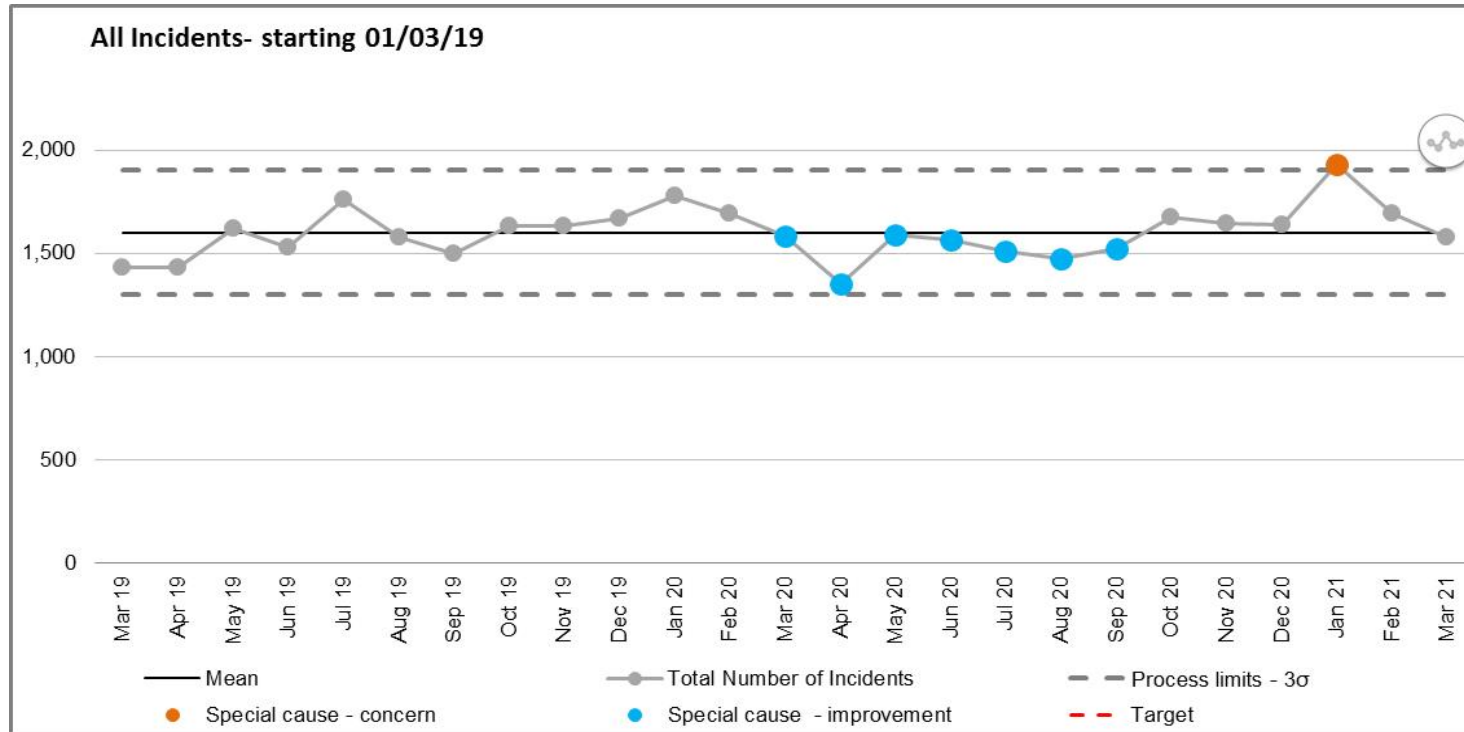


Appendix 1

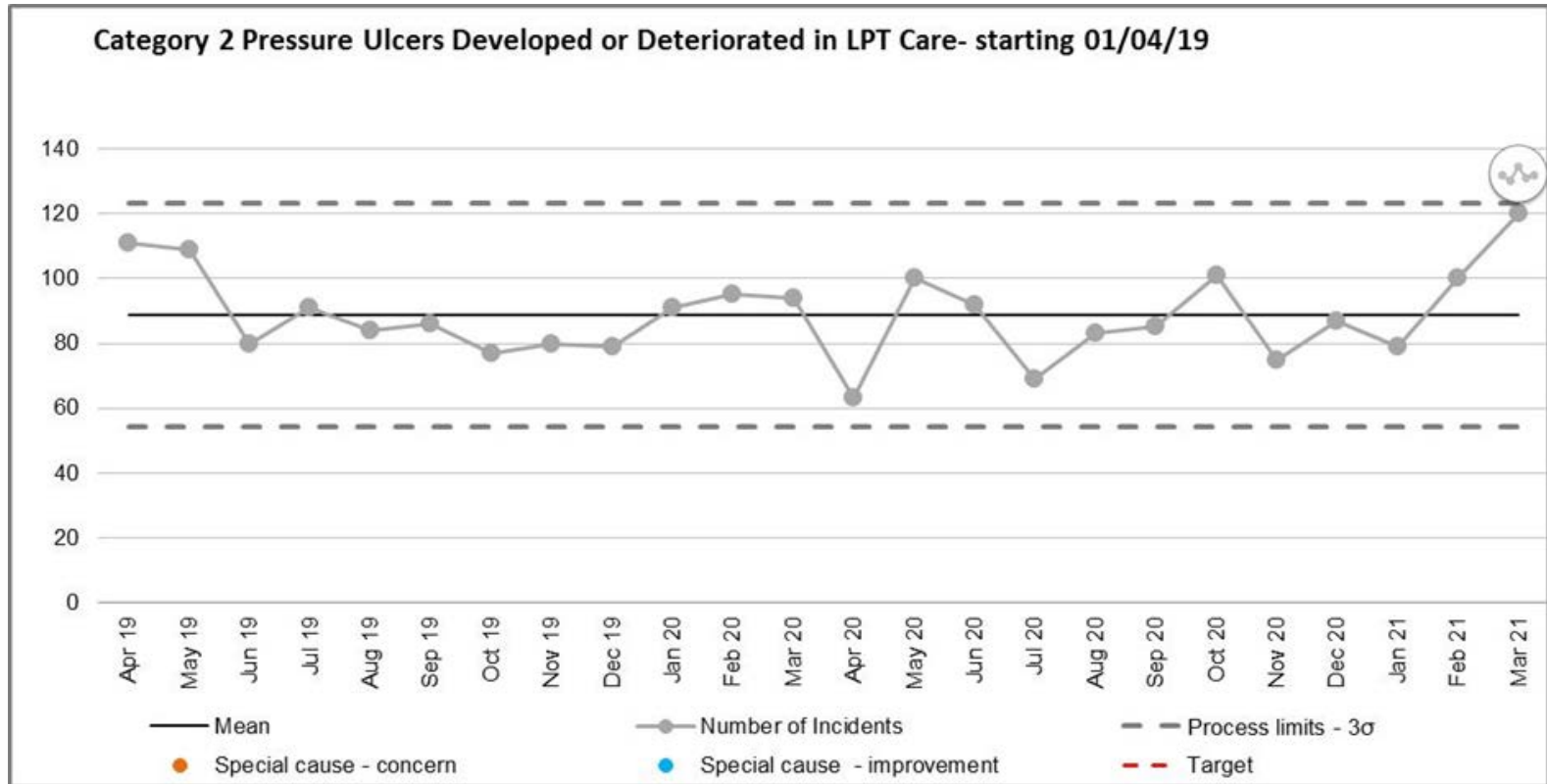
The following slides show Statistical Process Charts of incidents that have been reported by our staff during February and March 2021

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

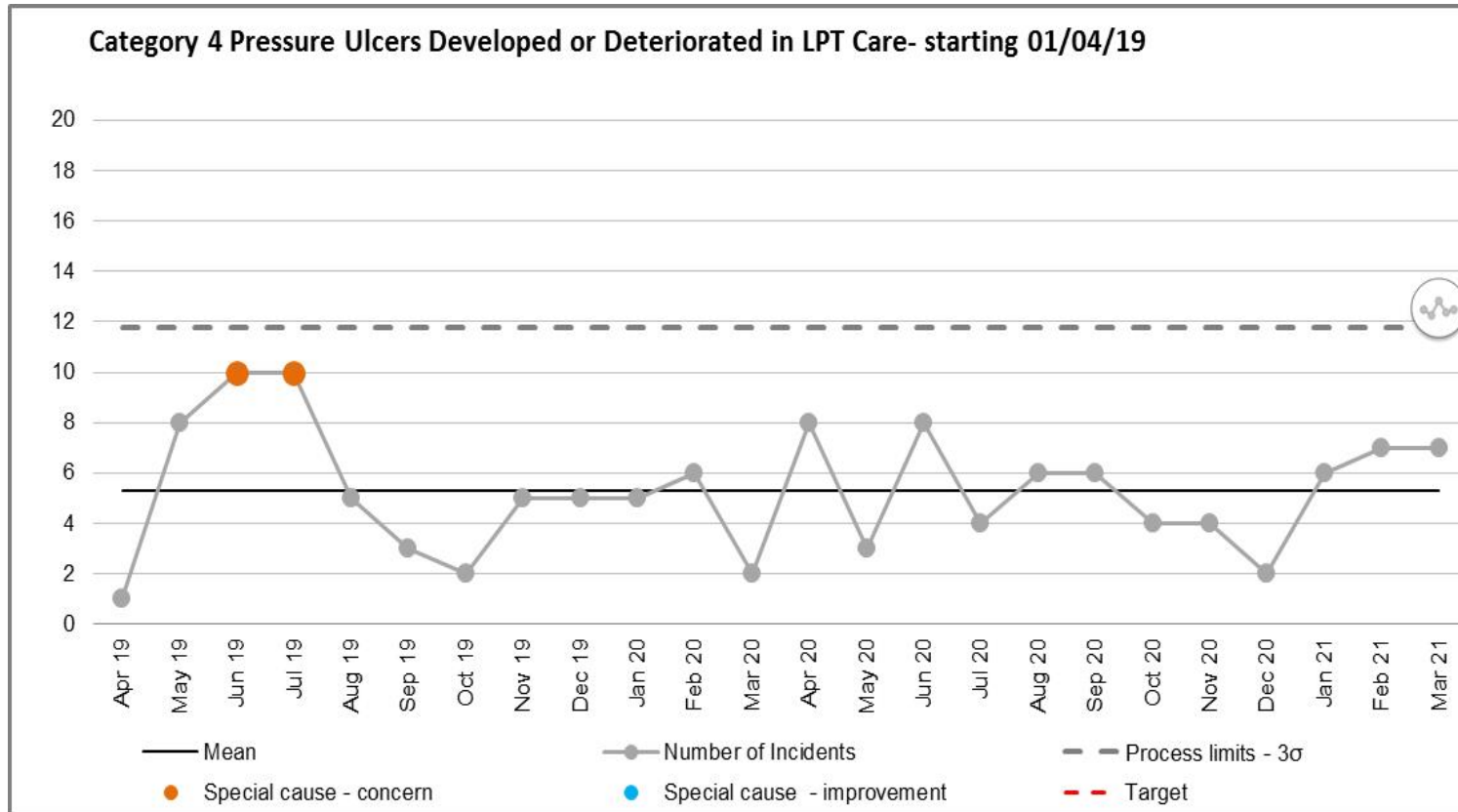
1. All incidents



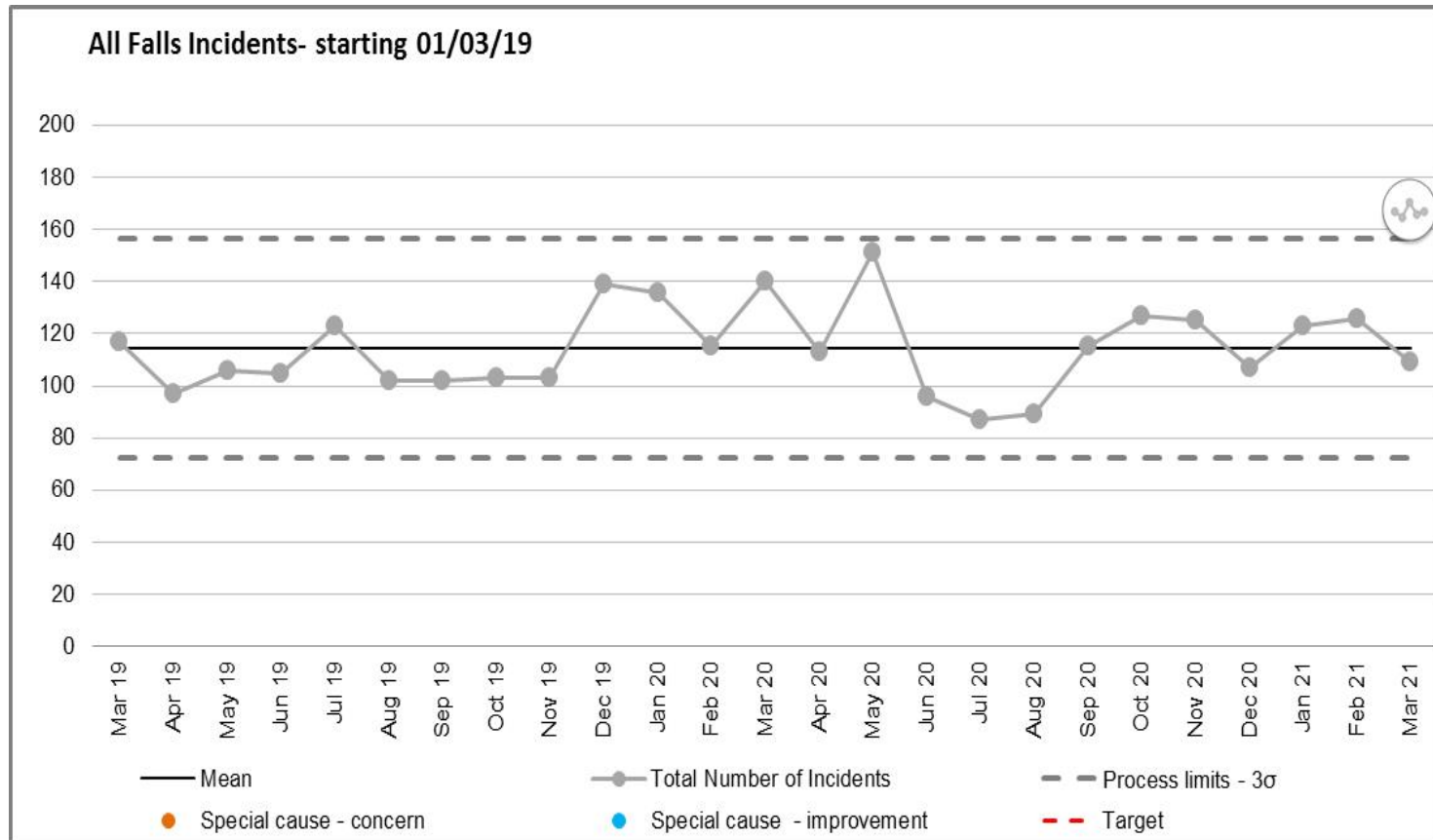
2. Category 2 Pressure Ulcers developed or deteriorated in LPT Care



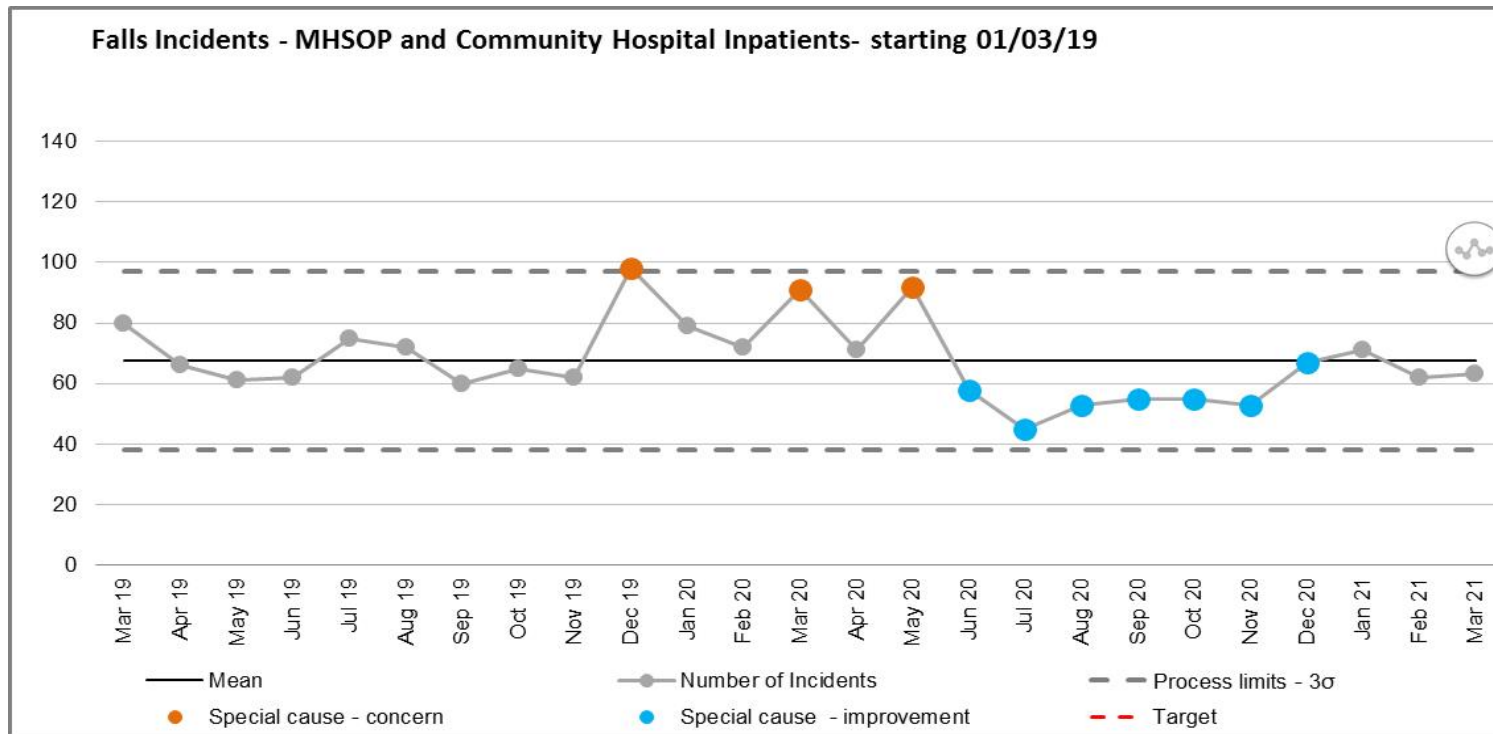
3. Category 4 Pressure Ulcers Developed or deteriorated in LPT Care



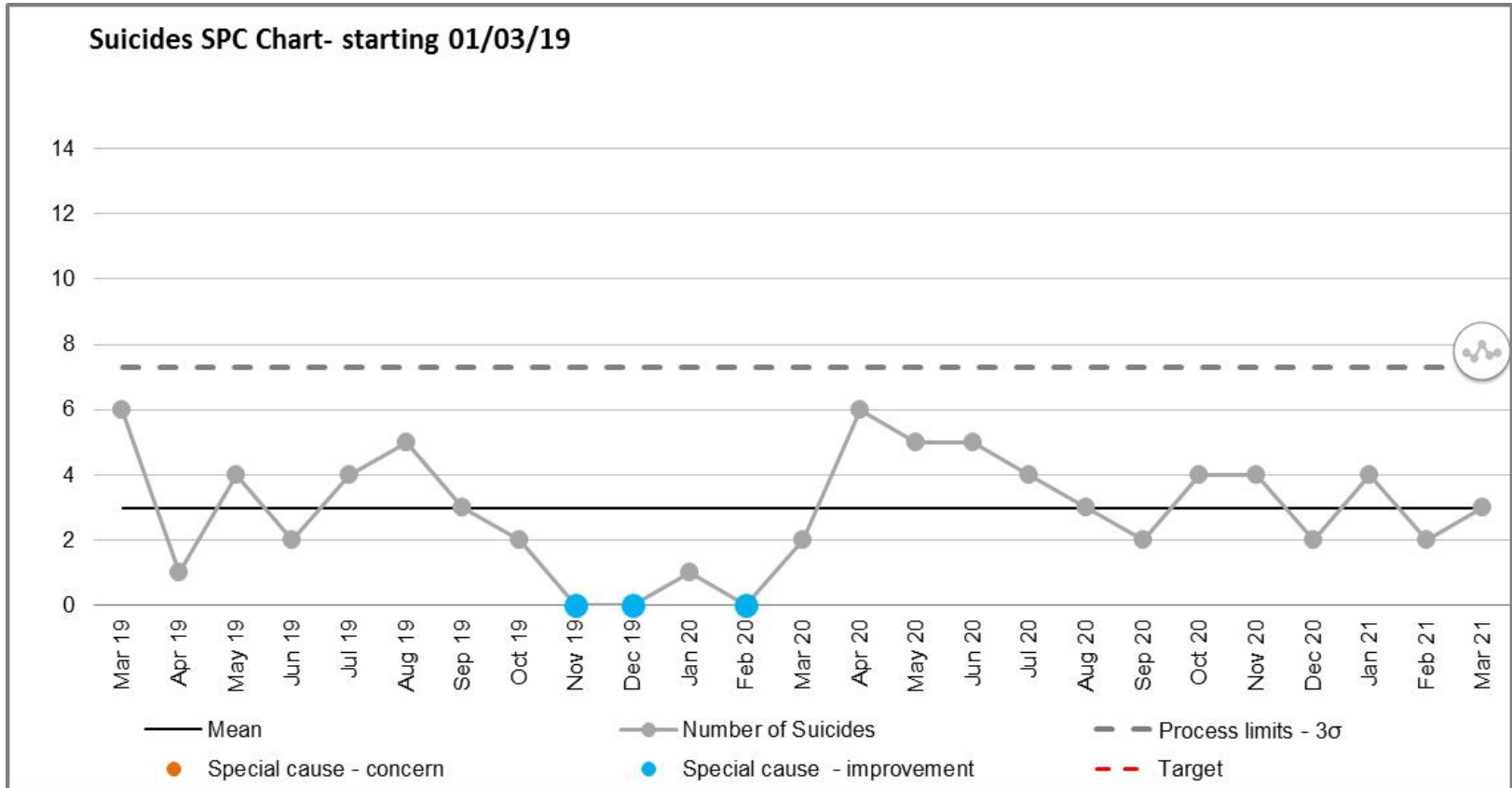
4. All falls incidents reported



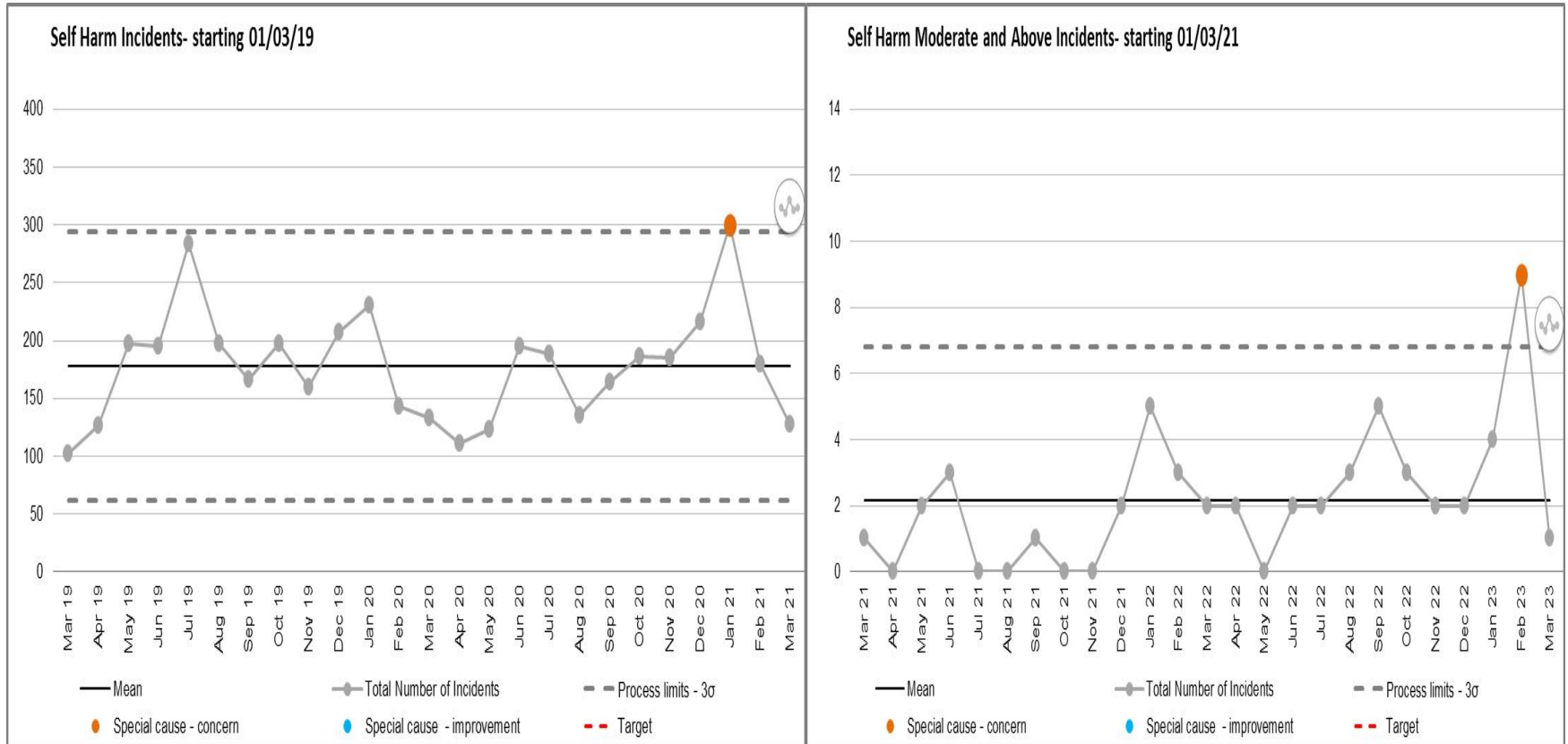
5. Falls incidents reported – MHSOP and Community Inpatients



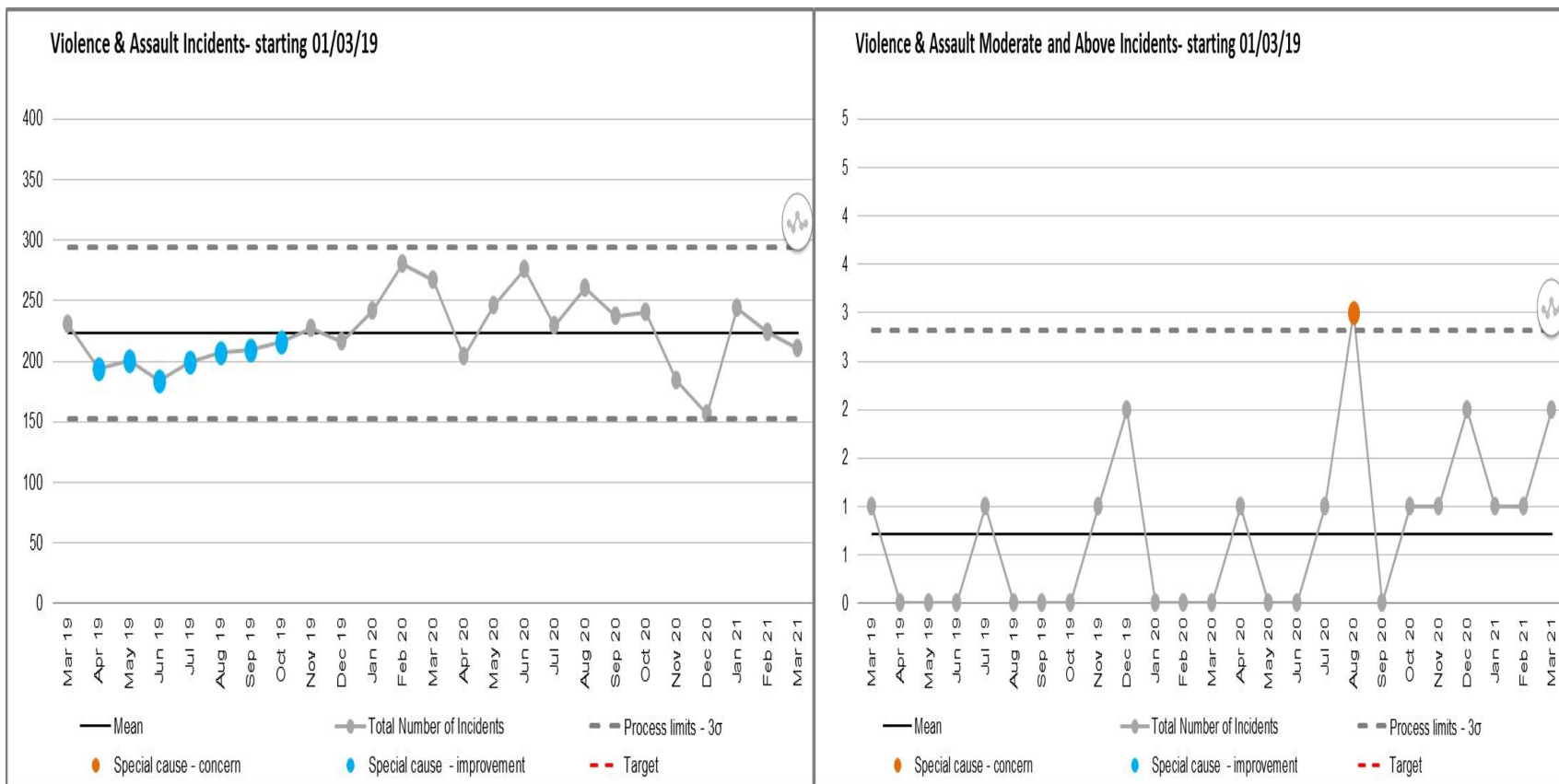
6. All reported Suicides



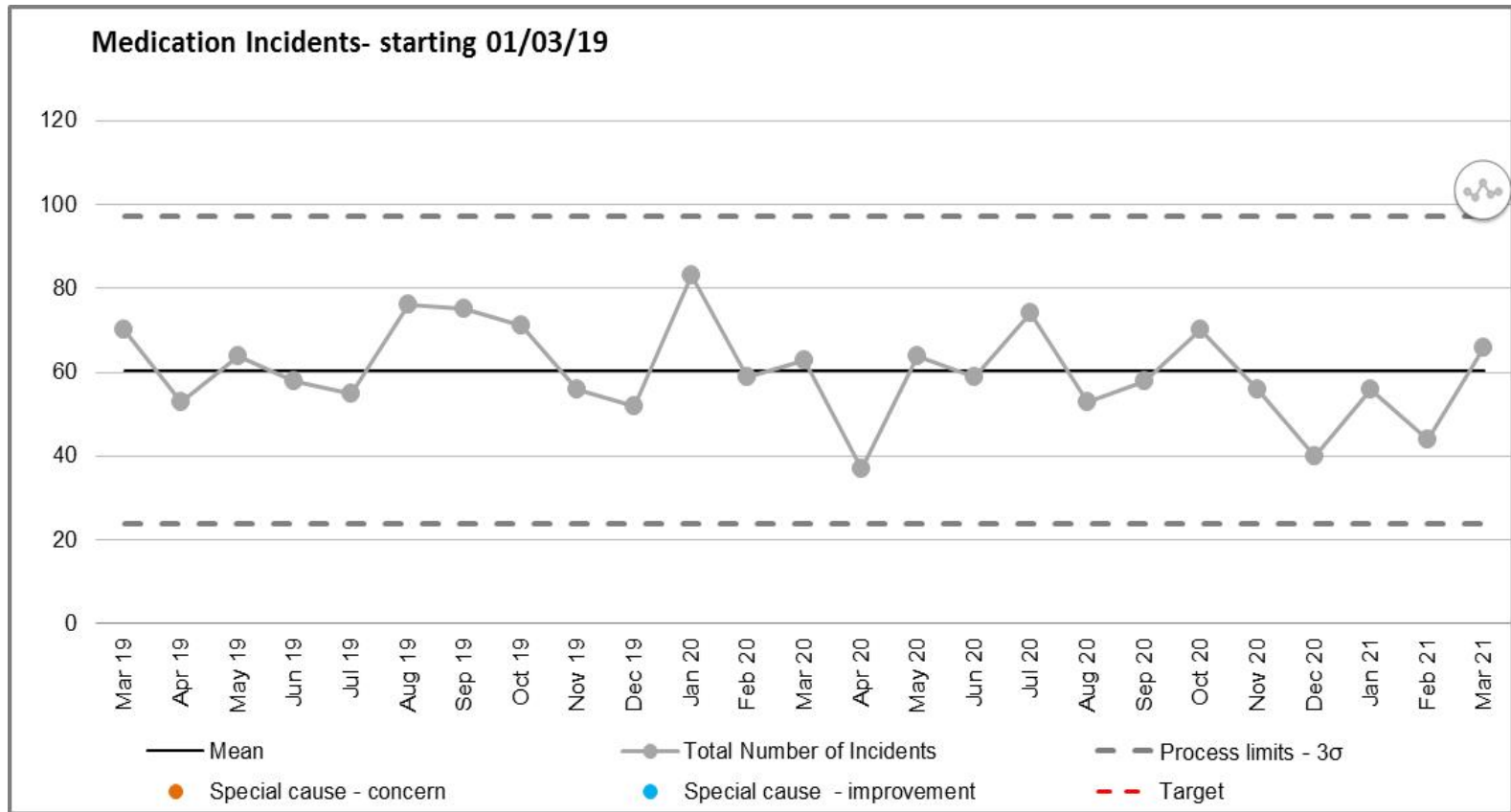
7. Self Harm reported Incidents



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 – February 2021	
Cause Group	Total
Violence/Assault	129
Self Harm	52
Patient Falls, Slips, And Trips	48
Infection Control	36
Clinical Condition	21

Mental Health Non MHSOP Inpatient – March 2021	
Cause Group	Total
Violence/Assault	106
Self Harm	37
Patient Falls, Slips, And Trips	33
Clinical Condition	21
Security	20

Table 2: Mental Health Community

Mental Health Non MHSOP Community – February 2021	
Cause Group	Total
Self Harm	43
Violence/Assault	27
Patient Death	13
Infection Control	8
Clinical Condition	7
Safeguarding (Adults)	7

Mental Health Non MHSOP Community – March 2021	
Cause Group	Total
Self Harm	42
Violence/Assault	24
Patient Death	13
Clinical Condition	7
Case Notes & Records	6

Directorate Specialities describing Top 5 Incidents

Table 3: MHSOP – Inpatients

MHSOP Inpatient – February 2021	
Cause Group	Total
Patient Falls, Slips, And Trips	31
Violence/Assault	20
Clinical Condition	15
Infection Control	8
Tissue Viability	5

MHSOP Inpatient – March 2021	
Cause Group	Total
Patient Falls, Slips, And Trips	26
Violence/Assault	17
Infection Control	16
Clinical Condition	12
Staffing	4

Table 4: MHSOP – Community

MHSOP Community – February 2021	
Cause Group	Total
Patient Death	14
Self Harm	3
Clinical Condition	2
Safeguarding (Adults)	2
Clinical Assess. (Diag, Scans, Tests)	1

MHSOP Community – March 2021	
Cause Group	Total
Patient Death	9
Safeguarding (Adults)	4
Violence/Assault	3
Infection Control	2
Self Harm	2

Directorate Specialities describing Top 5 Incidents

Table 5: Learning Disability – In-Patient

LD Agnes Unit – February 2021	
Cause Group	Total
Violence/Assault	53
Allegations Against Staff	13
Self Harm	4
Clinical Condition	3
Patient Falls, Slips, And Trips	3
LD Agnes Unit – March 2021	
Cause Group	Total
Violence/Assault	58
Medication	4
Hate/PREVENT Incident	3
Clinical Condition	2
Communication	2

Table 6: Learning Disability - Community

LD Community – February 2021	
Cause Group	Total
Infection Control	9
Safeguarding (Adults)	5
Safeguarding (Children)	3
Self Harm	3
Tissue Viability	3
LD Community – March 2021	
Cause Group	Total
Safeguarding (Adults)	5
Violence/Assault	5
Communication	4
Case Notes & Records	3
Confidentiality	3

Directorate Specialities describing Top 5 Incidents

Table 7: FYPC Inpatient CAMHS

FYPC CAMHS Inpatient – February 2021	
Cause Group	Total
Self Harm	75
Violence/Assault	7
Staffing	5
Allegations Against Staff	3
Access, Admission, Appts, Xfer, Discharge	2
Security	2

FYPC CAMHS Inpatient – March 2021	
Cause Group	Total
Self Harm	42
Violence/Assault	4
Clinical Condition	2
Accident	1
Allegations Against Staff	1

Table 8: FYPC non LD Non CAMHS

FYPC Non LD Non CAMHS – February 2021	
Cause Group	Total
Self Harm	73
Communication	14
Violence/Assault	8
Case Notes & Records	7
Staffing	7

FYPC Non LD Non CAMHS – March 2021	
Cause Group	Total
Self Harm	40
Communication	9
Infection Control	7
Safeguarding (Children)	7
Violence/Assault	5

Directorate Specialities describing Top 5 Incidents

Table 10: CHS In-Patient

CHS Inpatient – February 2021	
Cause Group	Total
Tissue Viability	46
Patient Falls, Slips, And Trips	31
Infection Control	13
Patient Death	13
Medication	8

CHS Inpatient – March 2021	
Cause Group	Total
Tissue Viability	43
Patient Falls, Slips, And Trips	37
Medication	15
Staffing	15
Patient Death	8

Table 11: CHS Community

CHS Community – February 2021	
Cause Group	Total
Tissue Viability	437
Infection Control	13
Medication	13
Safeguarding (Adults)	12
Access, Admission, Appts, Xfer, Discharge	8

CHS Community – March 2021	
Cause Group	Total
Tissue Viability	451
Medication	23
Safeguarding (Adults)	8
Medical Equipment	6
Patient Falls, Slips, And Trips	6

Appendix 3 - STEIS Notifications and Internal Root Cause Analysis Investigations

		StEIS Notificati Downgrade & removal requests	SI INVESTIGATIONS						Internal Root Cause Analysis		
			SIs declared AMH/LD	SIs declared FYPC	SIs declared CHS	Signed off within month	SI Downgrade requests	Confirmed DoC breaches	AMH/L D	FYPC	CHS
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	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	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
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	0	6	2	1	7	0	4	4	1	3
	March	0	11	5	0	1	0	7	2	0	5
YTD		10	84	12	46	95	0	56	44	16	20

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

	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%	25.93%
Feb-21	12	1	0	0	8.33%	33.33%	
Mar-21	24	4	0	0	16.67%	30.99%	
Total YTD:	171	53	0	0	30.99%	30.99%	

12. Learning

Serious Incidents Emerging Themes

Patients with complex Learning Disability

Patient with complex learning disability and being cared for by multiple teams it is sometimes difficult for staff to recognise that the situation may have deteriorated sufficiently to need additional support. **Action** –reflection and learning is taking place to ensure that there is adequate supervision and triggers to support teams.

Deteriorating Patients

NEWS 2 protocols are not always adhered to and therefore Sepsis screening not always considered early **Action** –trust wide task and finish group to come together to consider NEWS 2 training and oversight to be undertaken by the resus and deteriorating patient group

Management of diabetes

There have been some incidents where patients recorded results have not resulted in appropriate action to manage their diabetes. **Action** District Nursing teams are strengthening the responsibility to act on abnormal results and ensuring they have guidance from GP's re parameters. DMH have also shared very helpful guide for staff in relation to recognising when to escalate

12. Lessons Learned

Management of Venous thromboembolism Risk (VTE)

- There has been positive evidence that learning has been embedded in relation to the risk of patients having reduced mobility in relation to their mental health rather than a physical reason and this is being considered by staff. This has been evidenced in unrelated SI reports describing re assessment when reduced mobility noted and by a reported increase in the use of prophylaxis.

Patients use of bedrails and low beds

- There has been a noticeable shift in the decision making to use low beds or bedrails for patients which has been seen in investigation reports coming through. Staff have documented their assessment of risk and rational for decision making.