Appendix 1

The following slides show Statistical Process Charts of incidents that have been reported by our staff during January & February 2022

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

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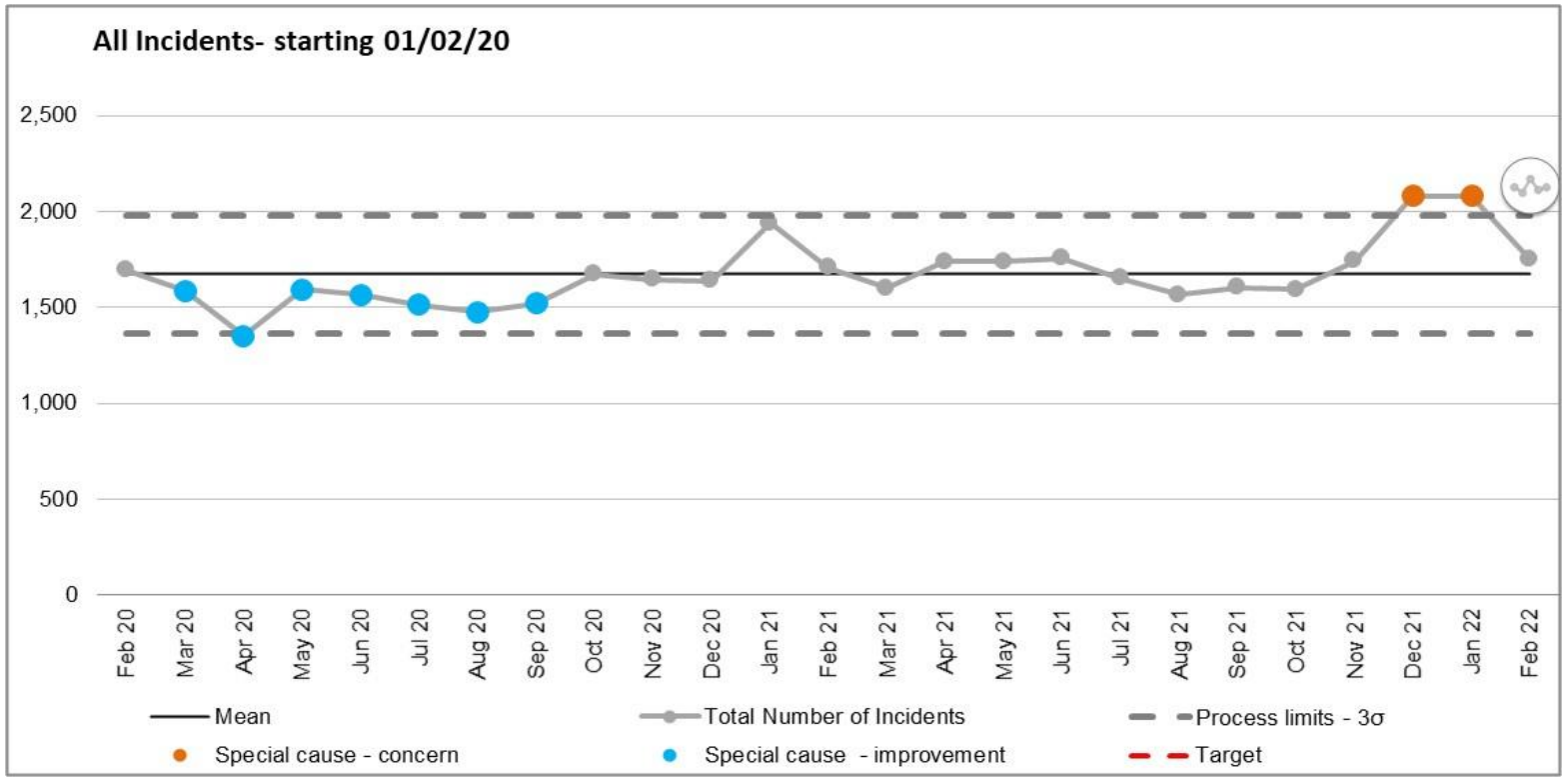
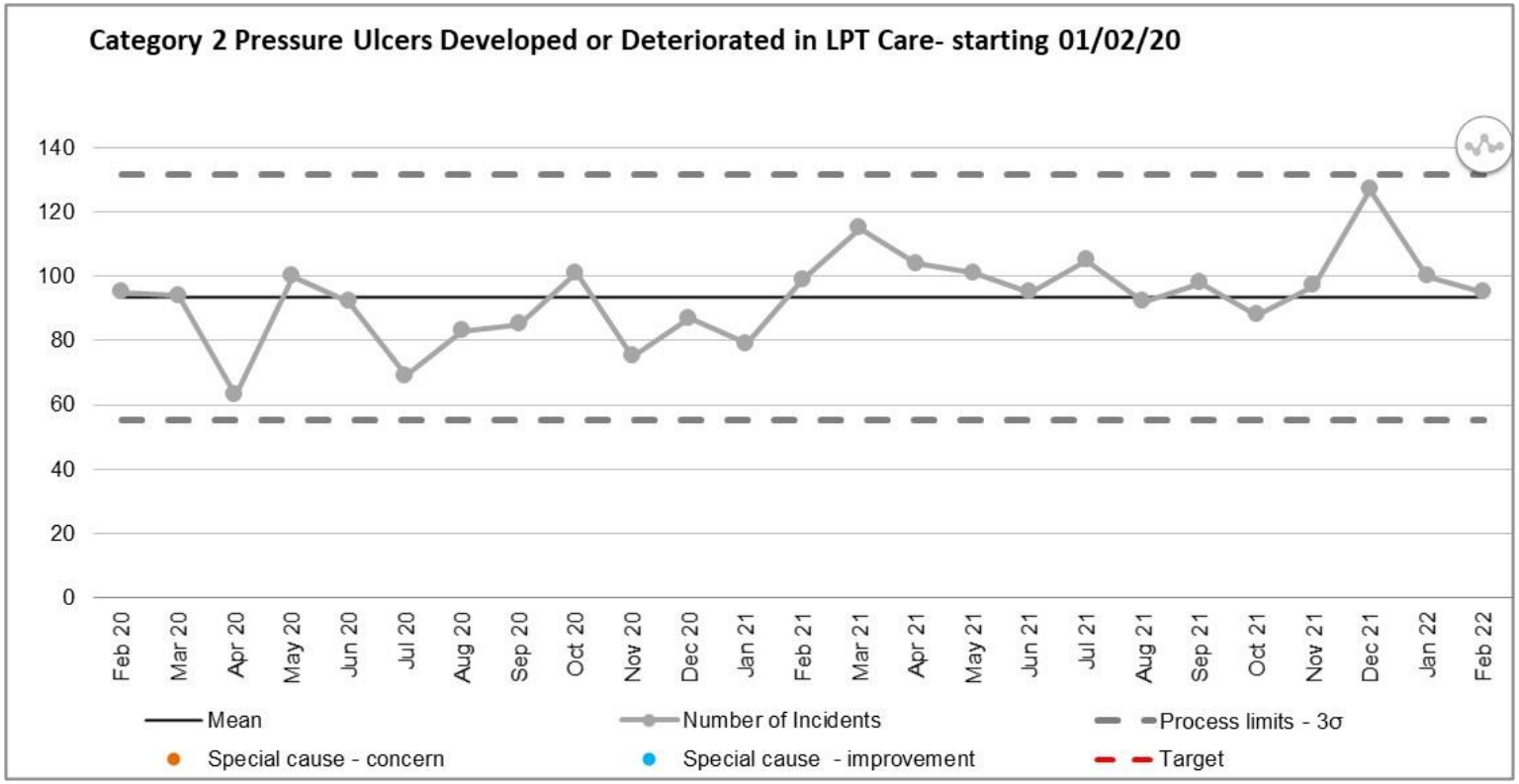
1. All incidents



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



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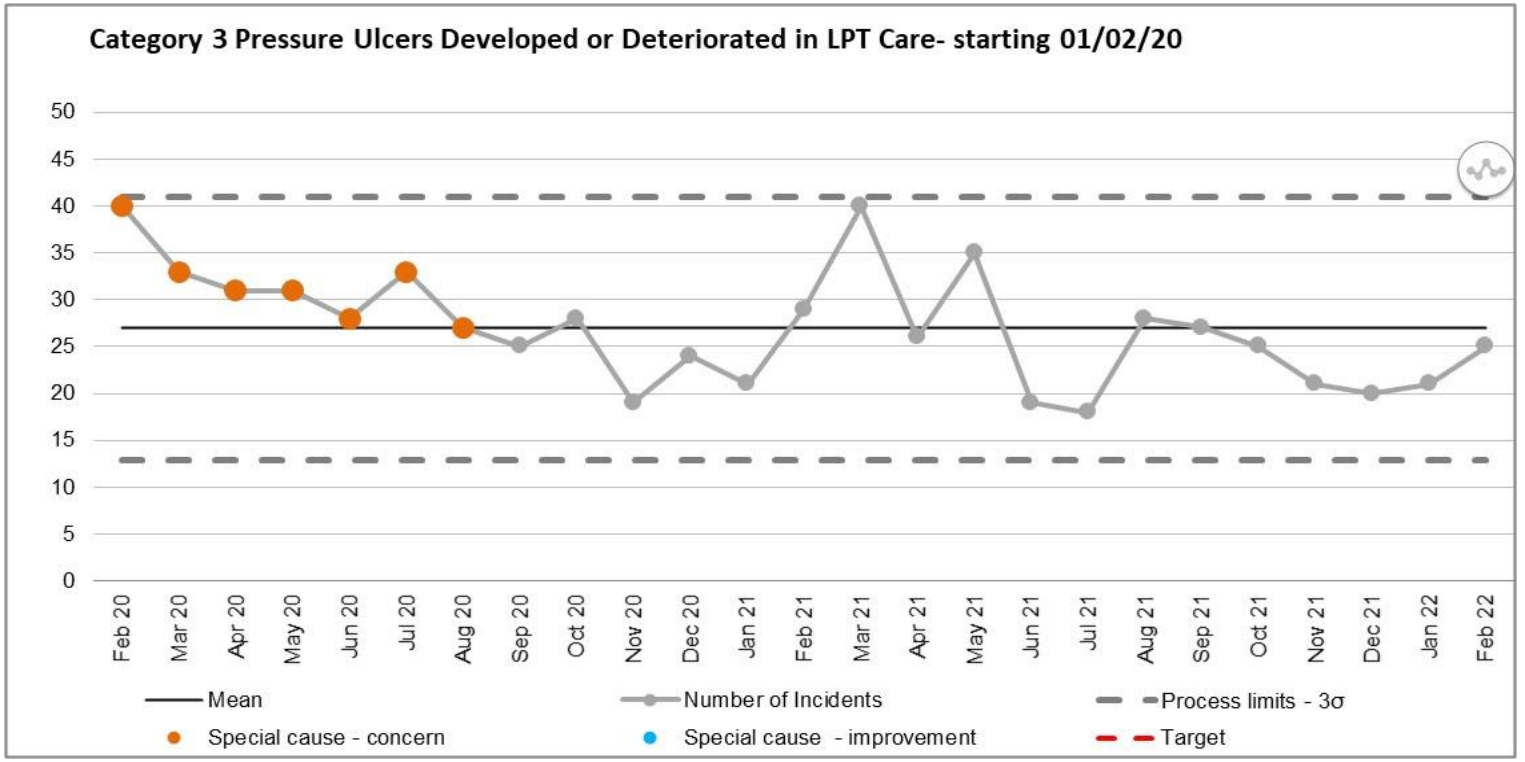
3. Category 3 Pressure Ulcers developed or deteriorated in LPT Care



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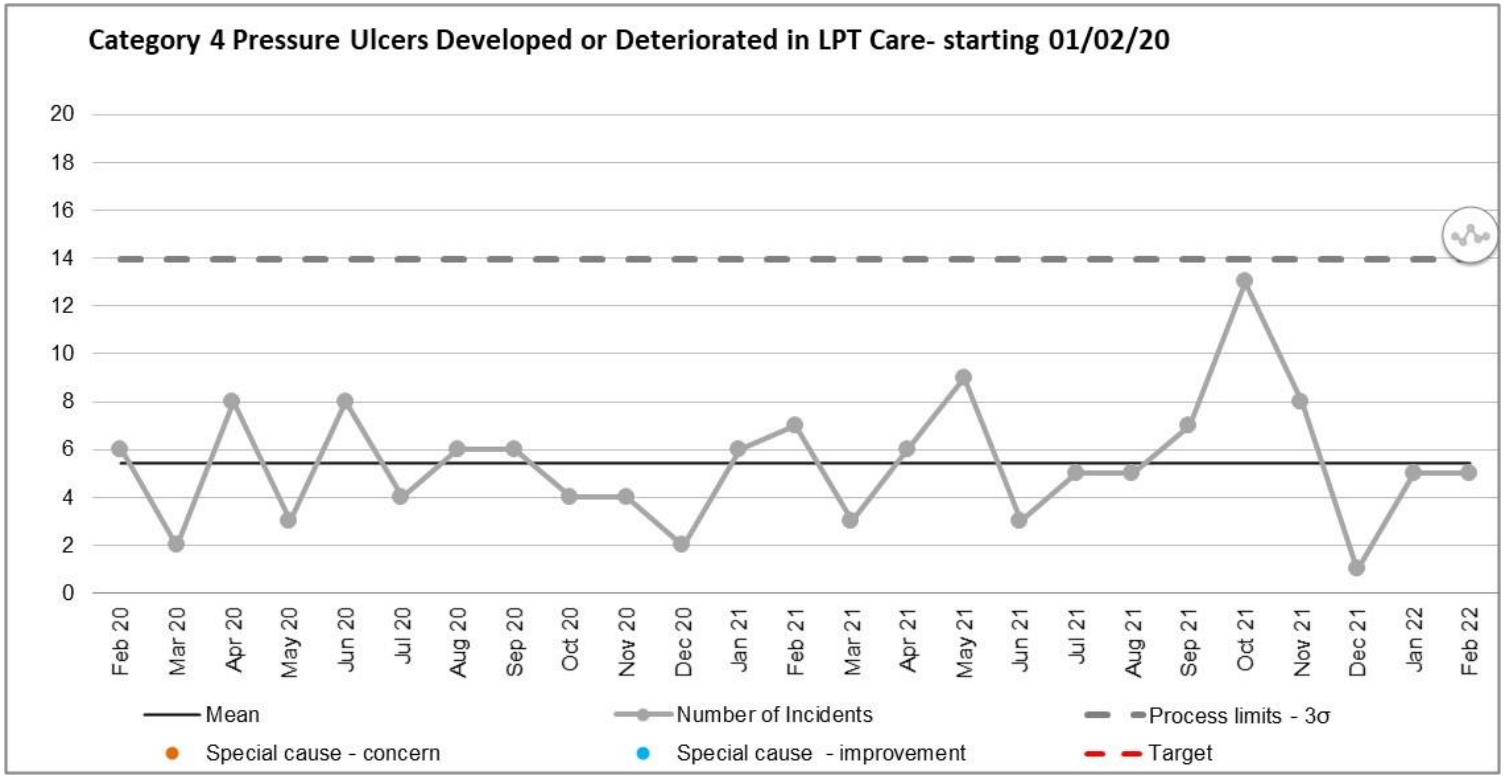
4. Category 4 Pressure Ulcers Developed or deteriorated in LPT Care



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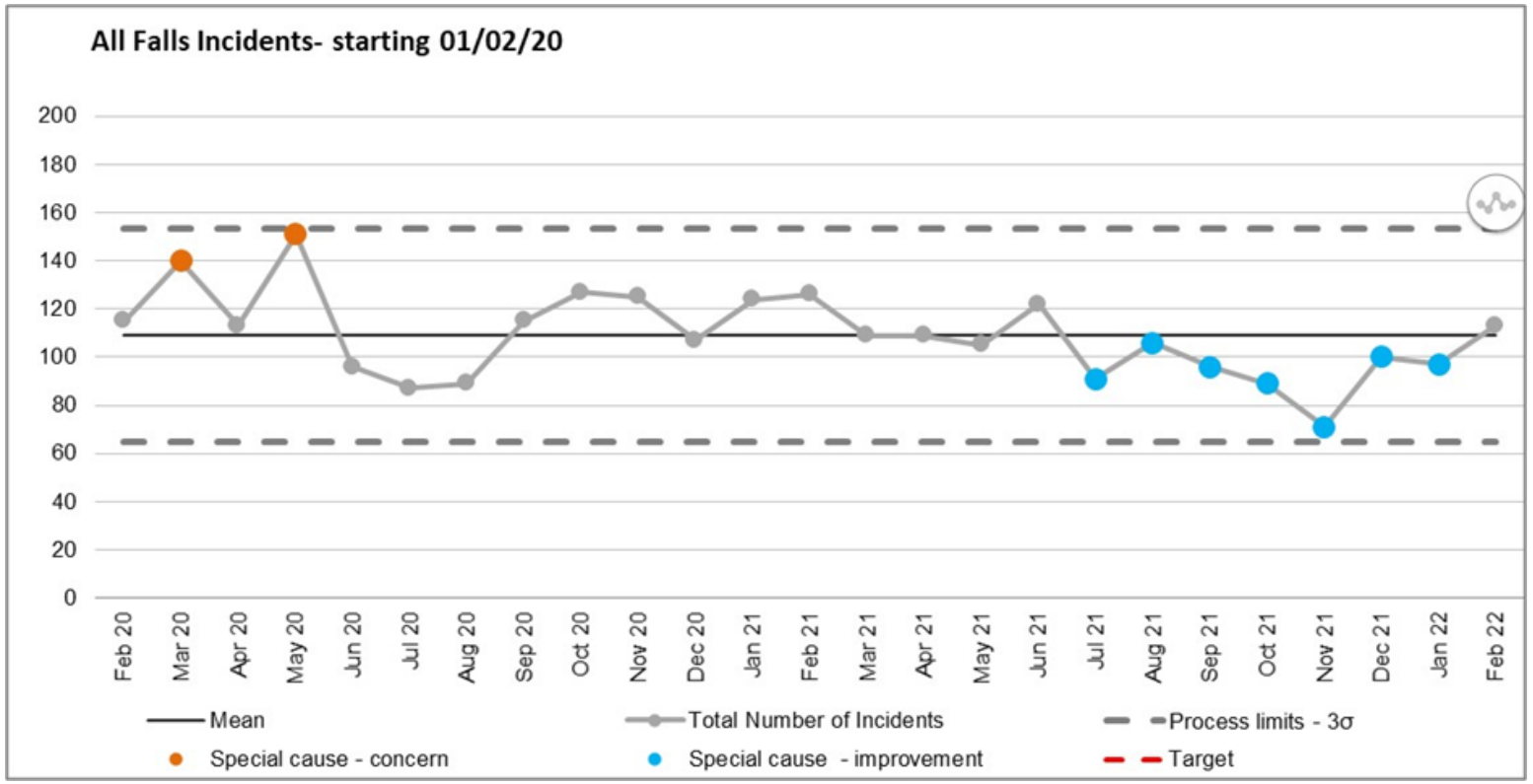
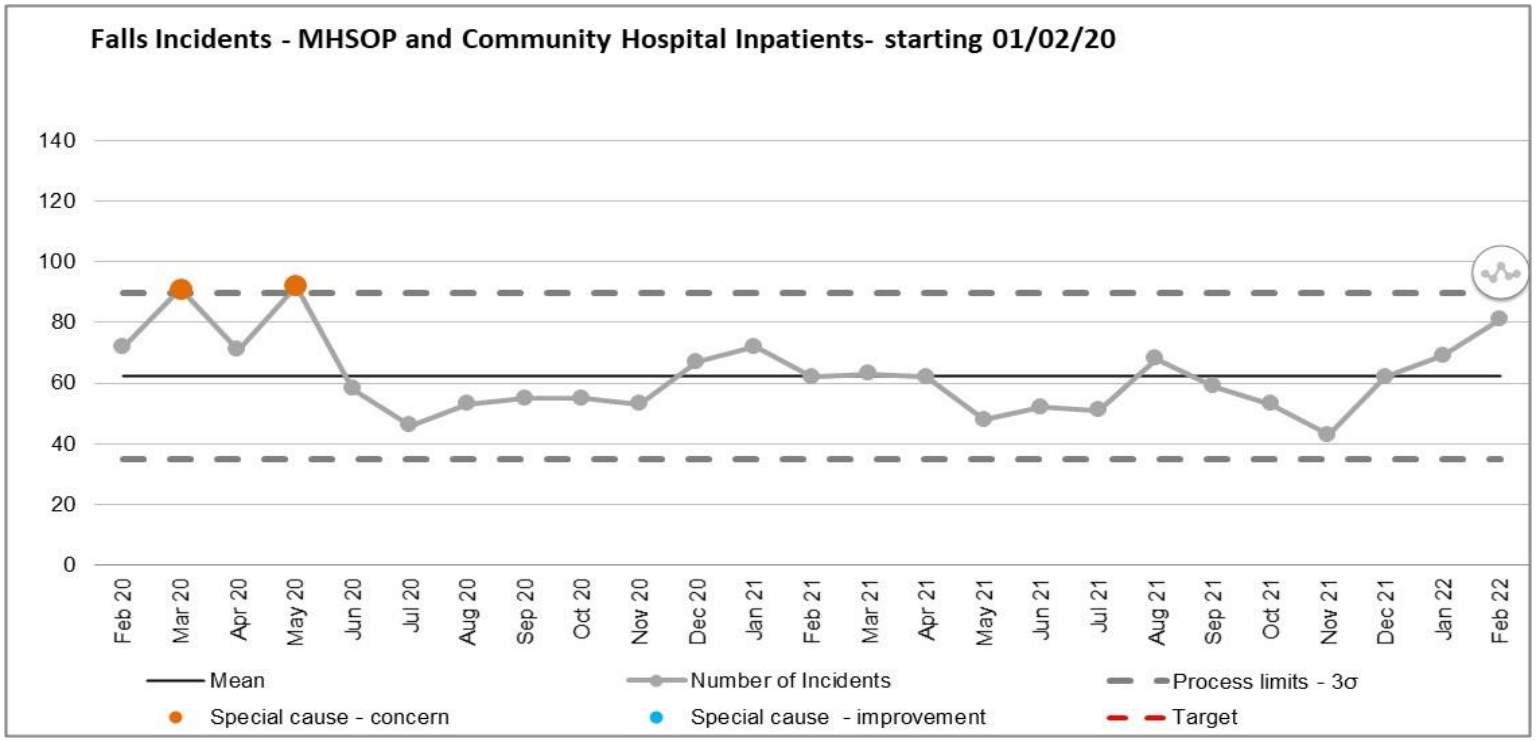
5. All falls incidents reported



6. Falls incidents reported – MHSOP and Community Inpatients



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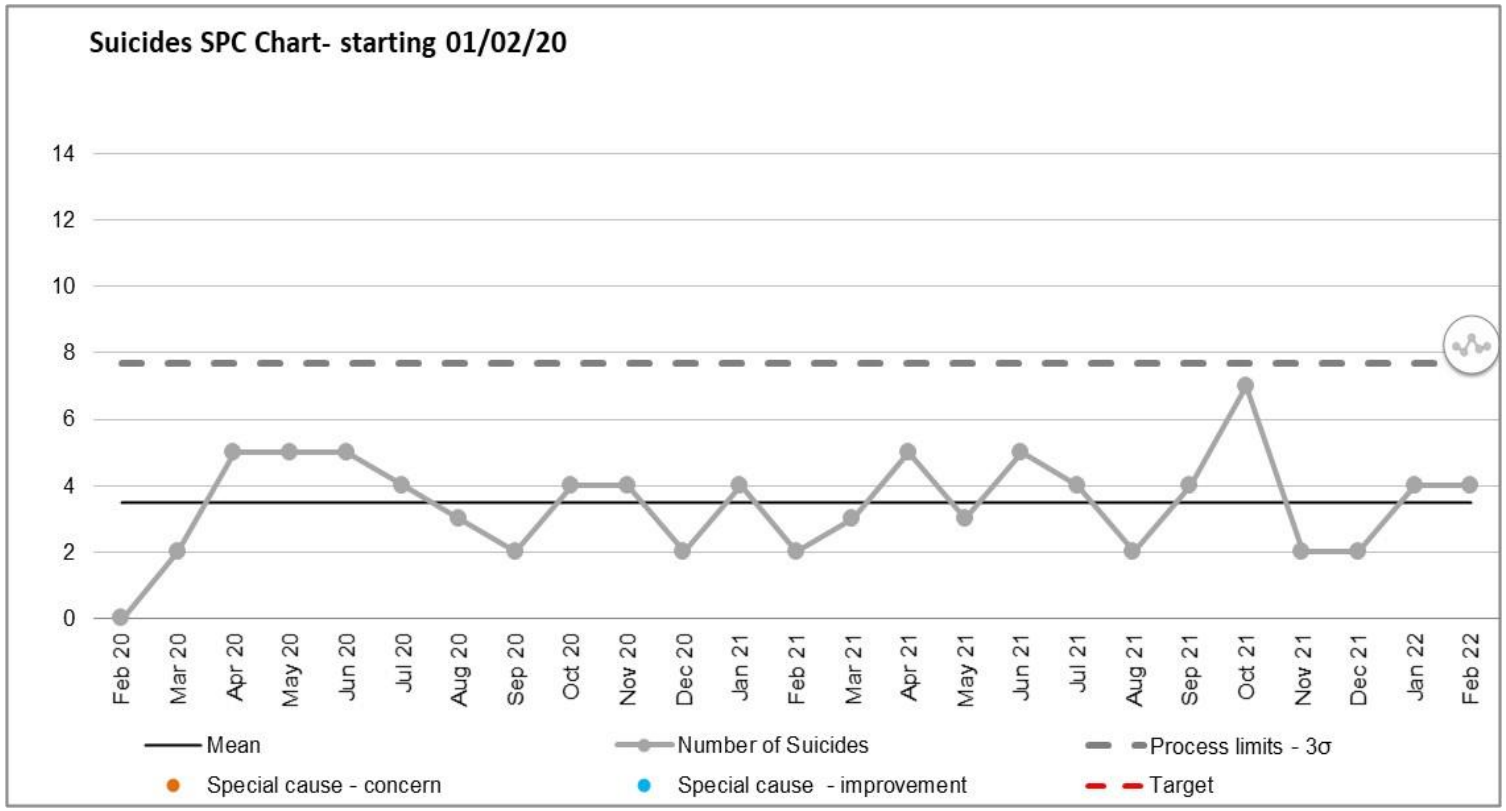
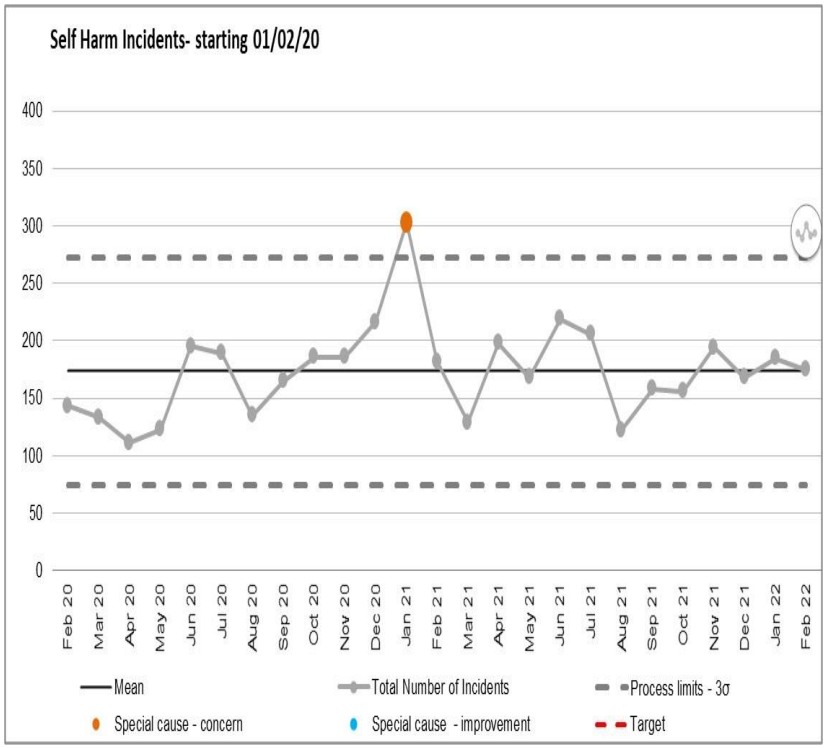
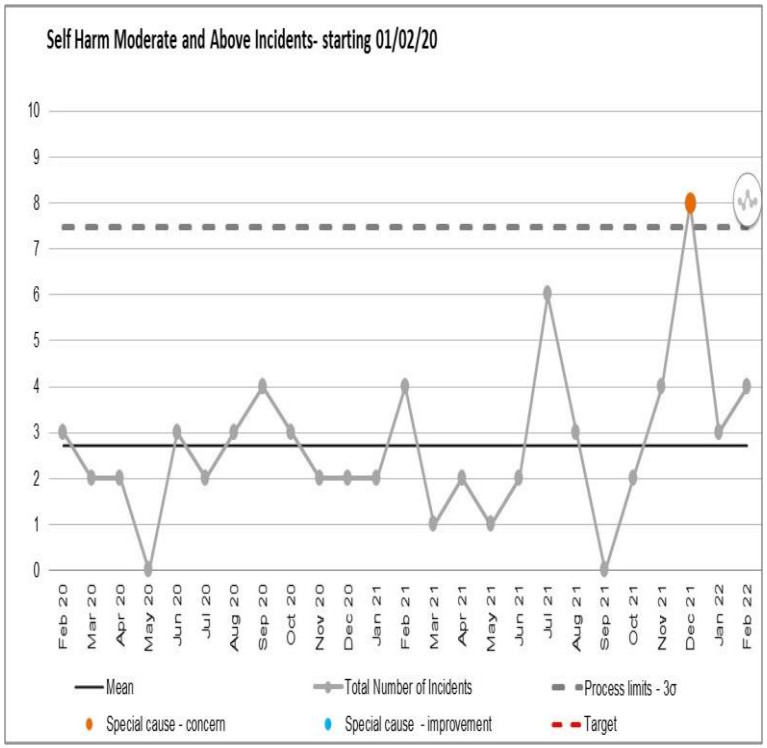
7. All reported Suicides



8. Self Harm reported Incidents





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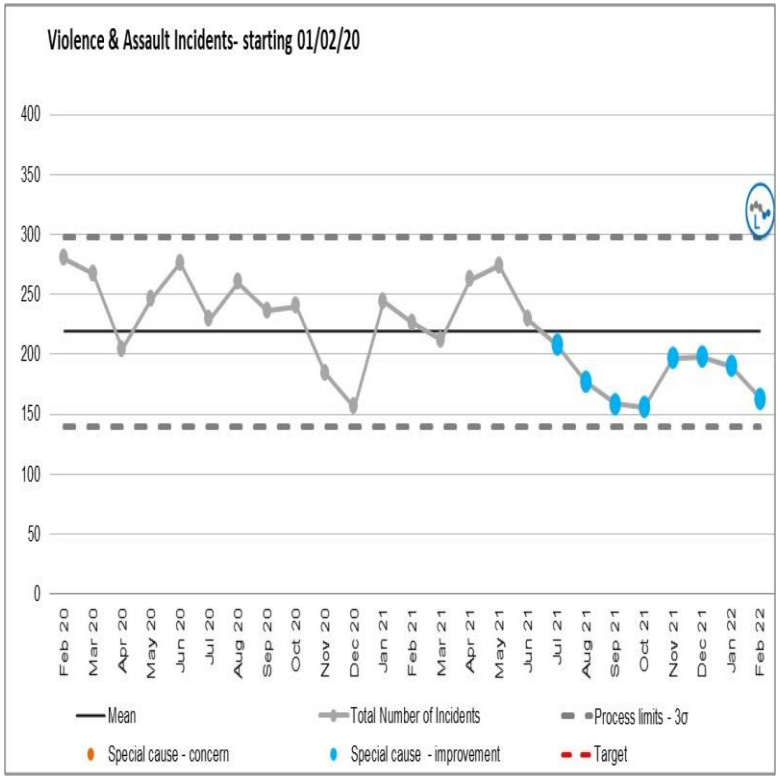
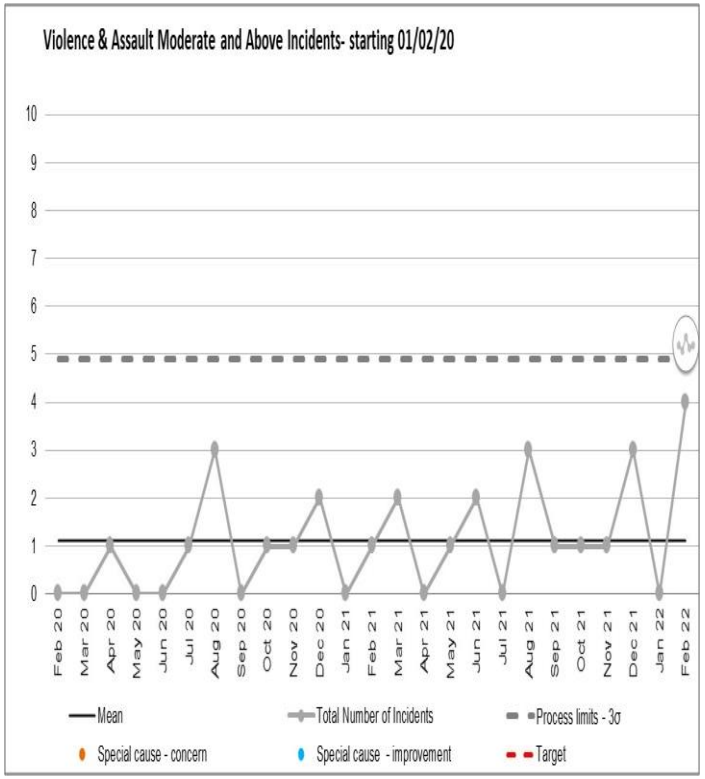
9. All Violence & Assaults reported Incidents





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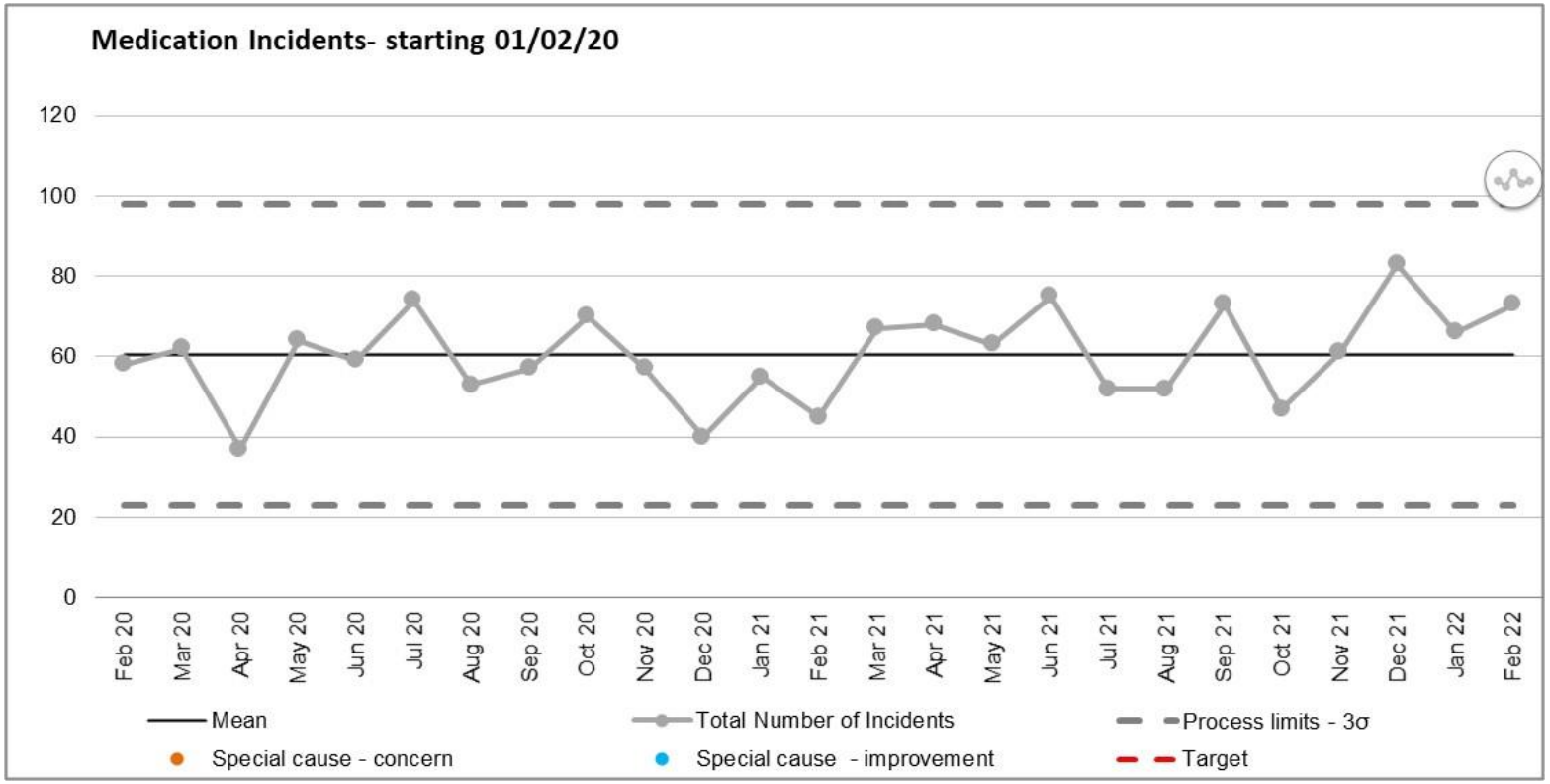
10. All Medication Incidents reported



11. Directorate Specialities describing Top 5 Incidents

Table 1: Mental Health: Community

Mental Health Non MHSOP Community - January	
Cause Group	**Total**
Infection Control	76
Self Harm	44
Violence/Assault	29
Staffing	26
Safeguarding (Children)	15

Mental Health Non MHSOP Community - February	
Cause Group	**Total**
Self Harm	44
Violence/Assault	44
Infection Control	39
Safeguarding (Adults)	18
Patient Falls, Slips, And Trips	14

Table 2: Mental Health: Inpatients

Mental Health Non MHSOP Inpatient - January	
Cause Group	**Total**
Violence/Assault	71
Self Harm	31
Clinical Condition	20
Security	19
Infection Control	18

Mental Health Non MHSOP Inpatient - February	
Cause Group	**Total**
Violence/Assault	74
Self Harm	43
Infection Control	25
Clinical Condition	24
Security	15

Directorate Specialities describing Top 5 Incidents

Table 3: MHSOP – Inpatients

MHSOP Inpatient - January	
Cause Group	**Total**
Patient Falls, Slips, And Trips	33
Infection Control	23
Violence/Assault	12
Clinical Condition	9
Accident	4

MHSOP Inpatient - February	
Cause Group	**Total**
Patient Falls, Slips, And Trips	35
Violence/Assault	23
Clinical Condition	13
Medication	4
Accident	3
Missing Patient	3
Tissue Viability	3

Table 4: MHSOP – Community

MHSOP Community - January	
Cause Group	**Total**
Patient Death	13
Infection Control	12
Self Harm	3
Case Notes & Records	2
Communication	2

MHSOP Community - February	
Cause Group	**Total**
Patient Death	12
Infection Control	9
Case Notes & Records	3
Medication	3
Self Harm	3

Directorate Specialities describing Top 5 Incidents

Table 5: Learning Disability – In-Patient

LD Agnes Unit - January	
Cause Group	**Total**
Violence/Assault	34
Self Harm	11
Infection Control	6
Patient Falls, Slips, And Trips	3
Staffing	2

LD Agnes Unit - February	
Cause Group	**Total**
Violence/Assault	24
IT Equipment / Systems	8
Missing Patient	4
Clinical Condition	3
Clinical Assess. (Diag, Scans, Tests)	2

Table 6: Learning Disability - Community

LD Community - January	
Cause Group	**Total**
Infection Control	18
Self Harm	9
Communication	6
Violence/Assault	6
Safeguarding (Adults)	5

LD Community - February	
Cause Group	**Total**
Safeguarding (Adults)	11
Self Harm	9
Violence/Assault	8
Infection Control	4
Clinical Assess. (Diag, Scans, Tests)	2

Directorate Specialities describing Top 5 Incidents

Table 7: FYPC Inpatient CAMHS

FYPC CAMHS Inpatient - January	
Cause Group	**Total**
Self Harm	74
Violence/Assault	40
Mental Health Act	22
Infection Control	5
Clinical Condition	4

FYPC CAMHS Inpatient - February	
Cause Group	**Total**
Self Harm	63
Violence/Assault	14
Clinical Condition	7
Access, Admission, Appts, Xfer, Discharge	6
Mental Health Act	4

Table 8: FYPC non LD Non CAMHS

FYPC Non LD Non CAMHS - January	
Cause Group	**Total**
Infection Control	86
Mental Health Act	34
Communication	24
Medication	19
Case Notes & Records	12

FYPC Non LD Non CAMHS - February	
Cause Group	**Total**
Mental Health Act	51
Infection Control	36
Case Notes & Records	9
Medication	9
Communication	8

Directorate Specialities describing Top 5 Incidents

Table 10: CHS In-Patient

CHS Inpatient - January	
Cause Group	**Total**
Infection Control	58
Patient Falls, Slips, And Trips	36
Tissue Viability	28
Patient Death	16
Staffing	13

CHS Inpatient - February	
Cause Group	**Total**
Patient Falls, Slips, And Trips	46
Tissue Viability	41
Infection Control	26
Patient Death	14
Medication	13
Staffing	13

Table 11: CHS Community

CHS Community - January	
Cause Group	**Total**
Tissue Viability	426
Infection Control	83
Medication	17
Safeguarding (Adults)	12
Confidentiality	7

CHS Community - February	
Cause Group	**Total**
Tissue Viability	420
Infection Control	31
Medication	24
Communication	9
Safeguarding (Adults)	6

12. Ongoing - StEIS Notifications for Serious Incidents

2021/2022 - STEIS Notifications and Internal Investigations

		StEIS Notifications	SI INVESTIGATIONS				Internal Investigations		
		Downgrade & removal requests	SIs declared DMH	SIs declared FYPC/LD	SIs declared CHS	Signed off in month	DMH	FYPC/LD	CHS
2021/22 Q1	April	0	11	2	2	5	4	2	6
	May	0	4	0	1	4	2	1	3
	June	0	11	5	2	6	2	2	6
2021/22 Q2	July	0	5	2	1	8	4	2	1
	August	0	3	3	2	14	1	1	7
	September	0	5	0	0	11	6	2	3
2021/22 Q3	October	0	11	1	2	15	6	3	3
	November	0	9	1	6	6	9	1	6
	December	0	6	1	6	6	7	2	7
2021/22 Q4	January	*0*	*10*	*2*	*2*	*8*	*4*	*3*	*9*
	February	0	3	2	4	16	9	2	3
	March								
YTD			78	19	28	99	54	21	54

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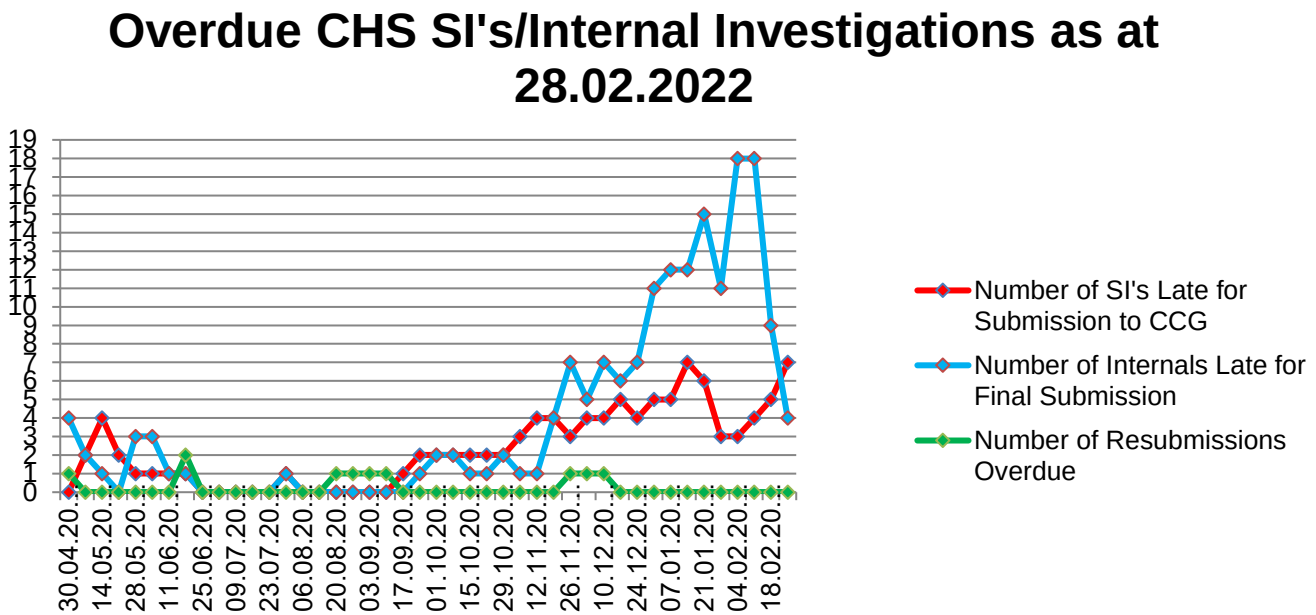
12a. Overdue Serious Incidents/Internal Investigation & CCG resubmissions(includes totals) - CHS



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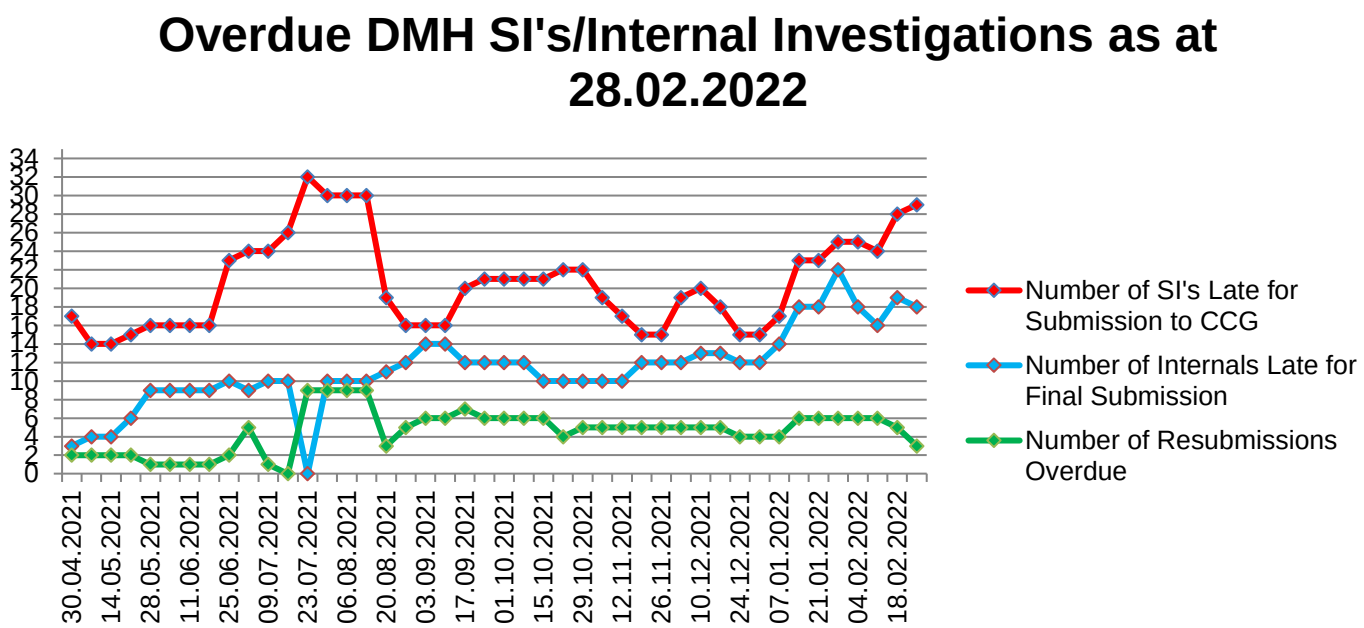
12a. Overdue Serious Incidents/Internal Investigation & CCG resubmissions (includes totals) - DMH



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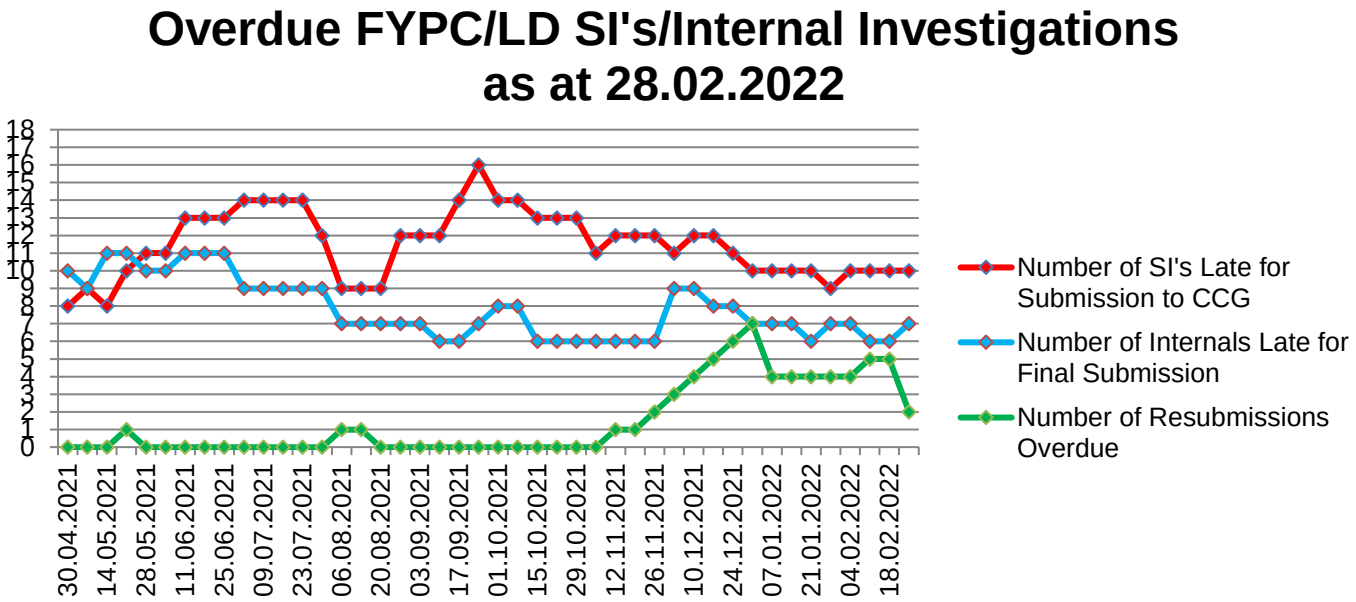
12a. Overdue Serious Incidents/Internal Investigations & CCG resubmissions (includes totals) - FYPCLD



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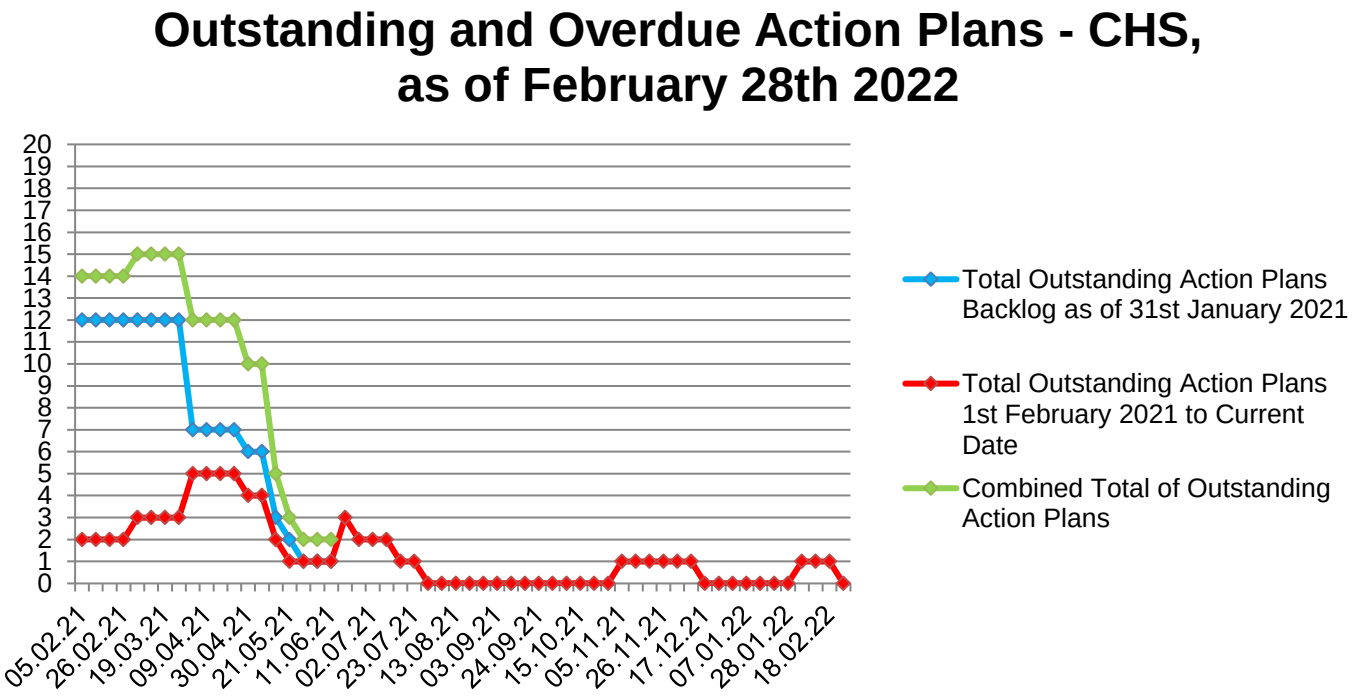
12.b Directorate SI Action Plan Compliance Status 2020/21 to date - CHS



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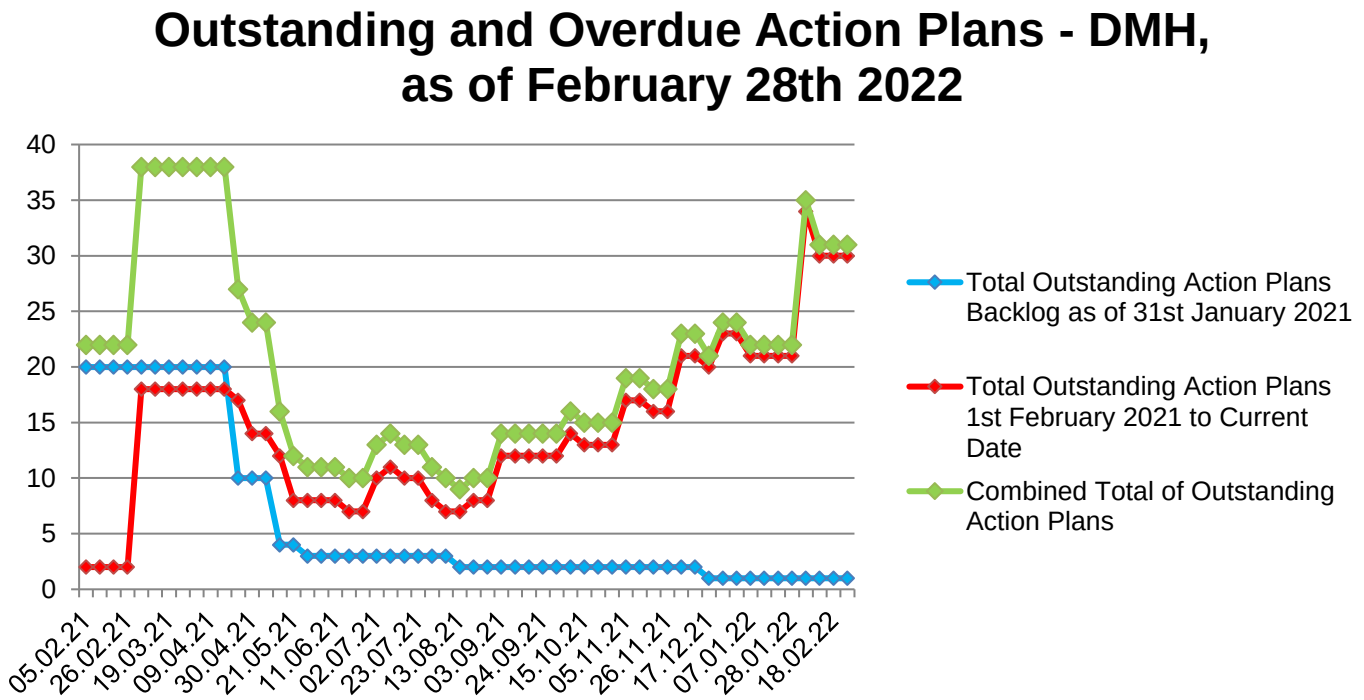
12.b Directorate SI Action Plan Compliance Status 2020/21 to date - DMH



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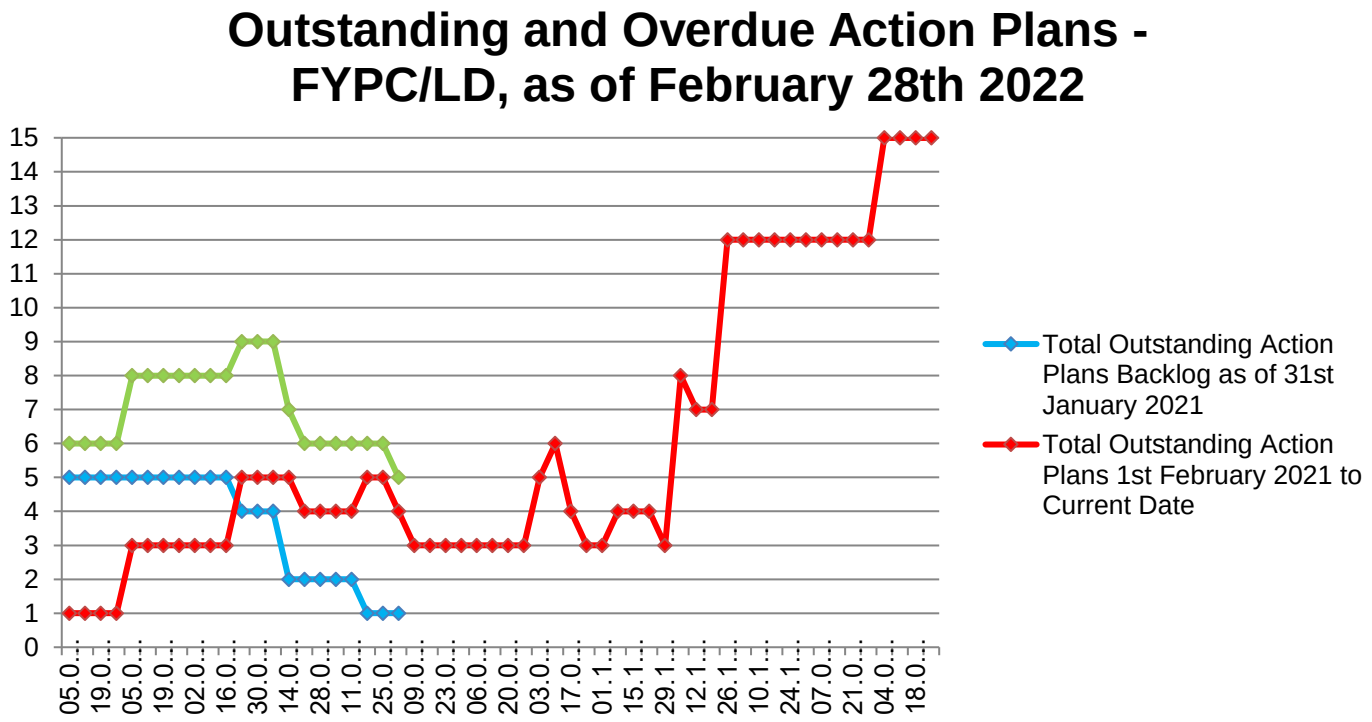
12b. Directorate SI Action Plan Compliance Status 2020/21 to date - FYPC-LD



12. Learning

Serious & Internal Incidents Emerging & Recurring Themes – joint analysis with LLR CCG & CPST

- Personal Safety plans inconsistent, not completed or considered
- Lack of communication or joined up approach between teams or sharing of information with other agencies
- Mental Capacity Assessments & overall care plans and risk assessments not considered or completed
- Documentation – identified as poor quality, lacking detail
- Staff not following/adhering to policy/practice
- Non-compliance with mandatory training (MAPA, BLS); unintentional findings with no plan offered to promote compliance
- SI Action Plans tend to be ward or person specific rather than taking a wider approach

12. Lessons Learned – Trust-wide process

- Increasing & continuing concerns with reports being ‘late’ & challenges in allocations
- CPST having to raise profile with directorates importance of keeping families/patients up to date with delays/maintaining contact
- Continued promotion of sharing of final draft serious incident reports with families/staff at point of sharing with commissioners
- Corporate investigators taking caseload of investigations bringing objectivity & supporting delayed/reallocated starting of investigations by undertaken timelines/initial review of information and sharing with directorate allocated investigators
- CPST continue to promote recognising early actions especially with delay in timescale/completion to offer commissioners assurance
- SystmOne challenging to navigate modules/journals, inconsistent places/approach to recording patient contact