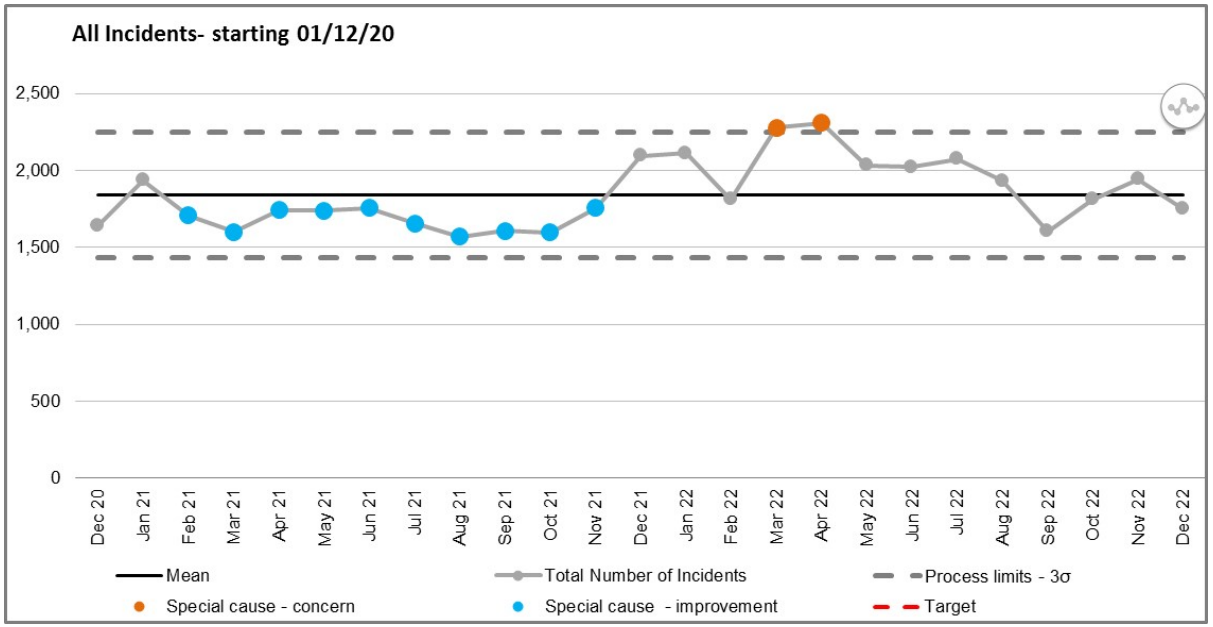
Si

Appendix 1

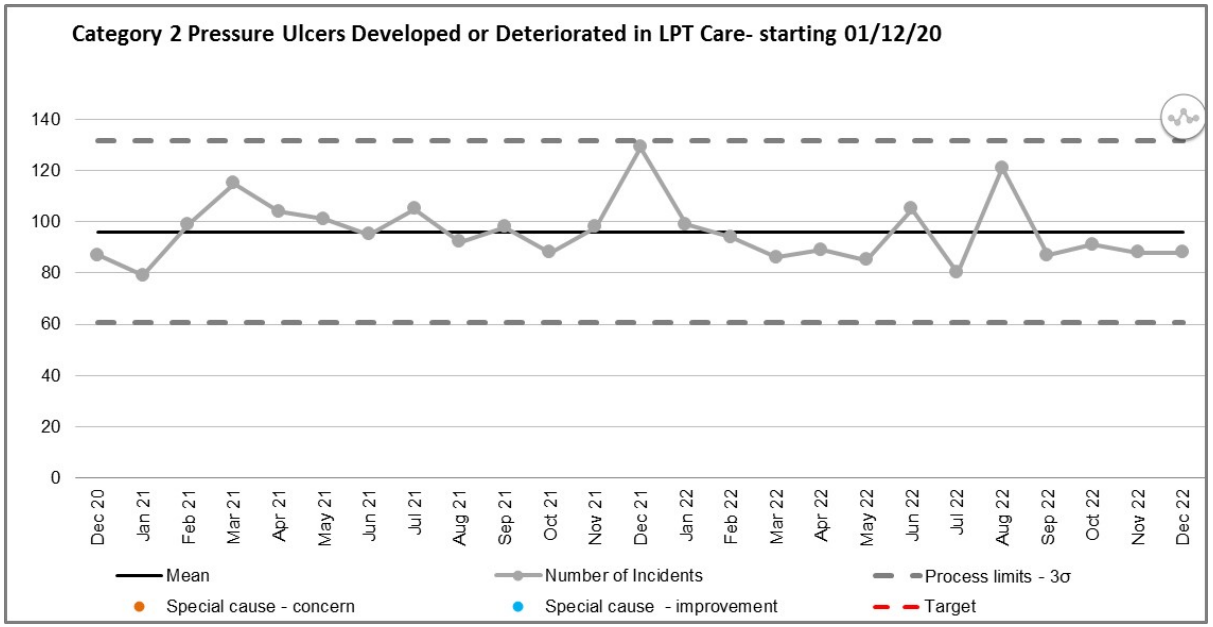
The following slides show Statistical Process Charts of incidents that have been reported by our staff during November/December 2022

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



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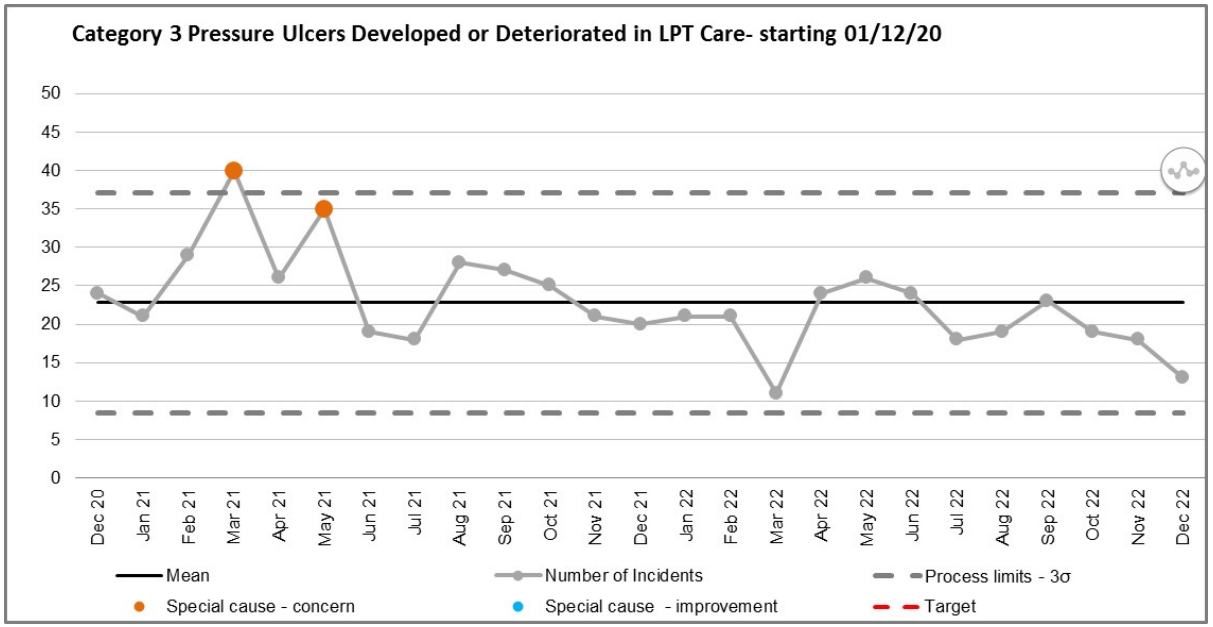
3. Category 3 Pressure Ulcers developed or deteriorated in LPT Care



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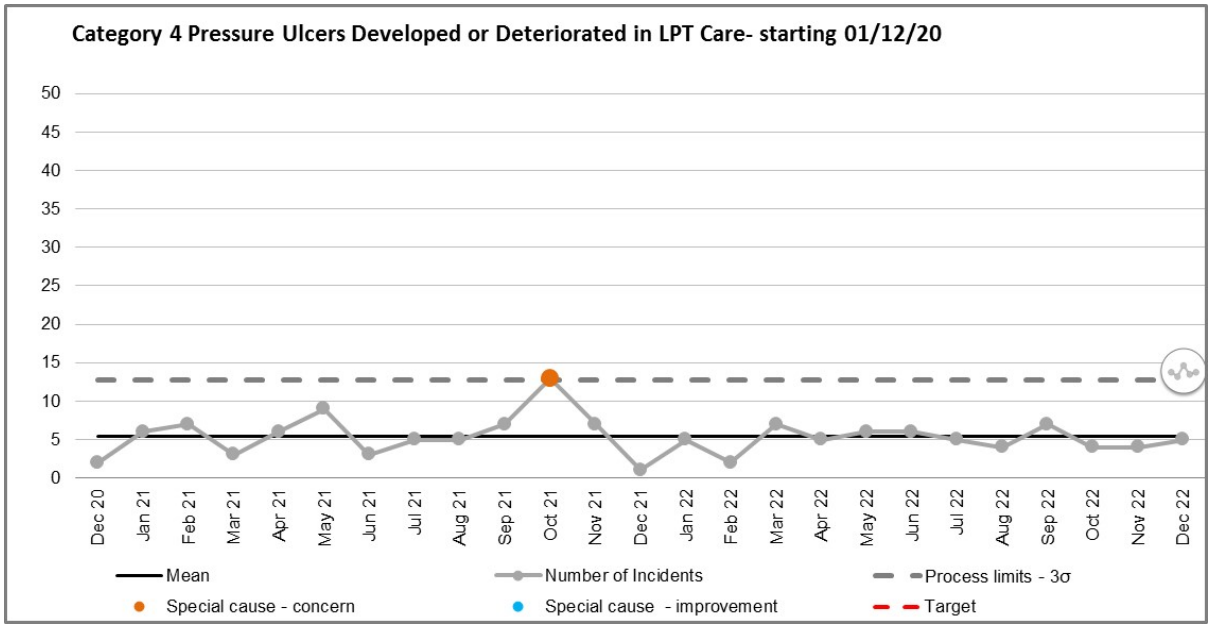
4. Category 4 Pressure Ulcers Developed or deteriorated in LPT Care



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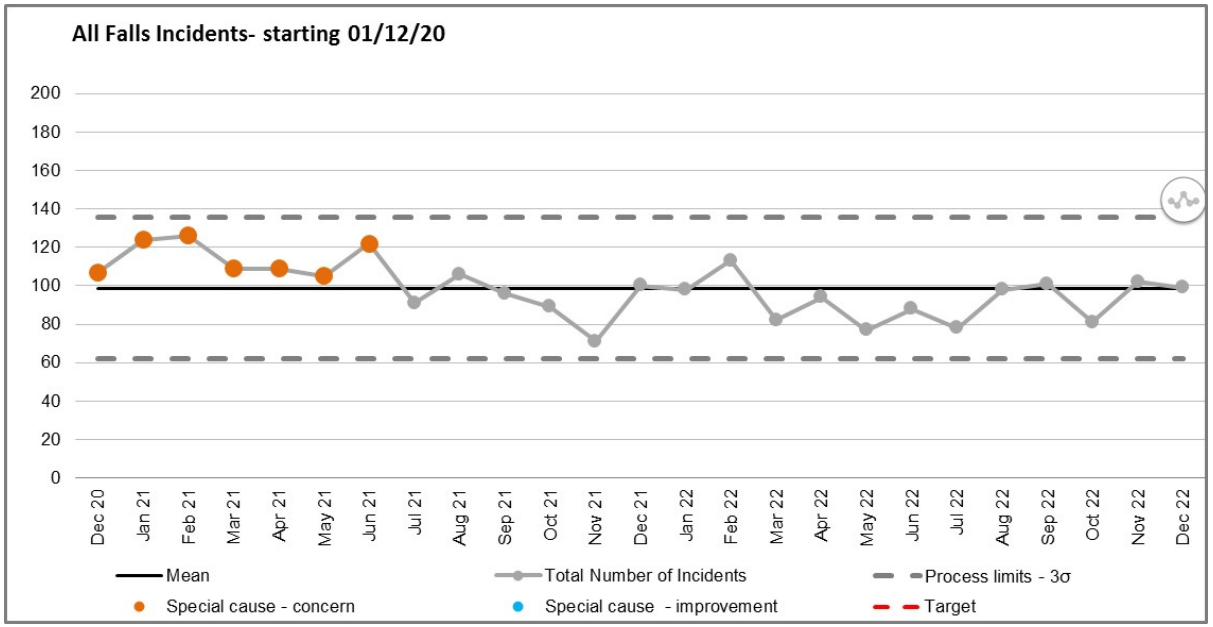
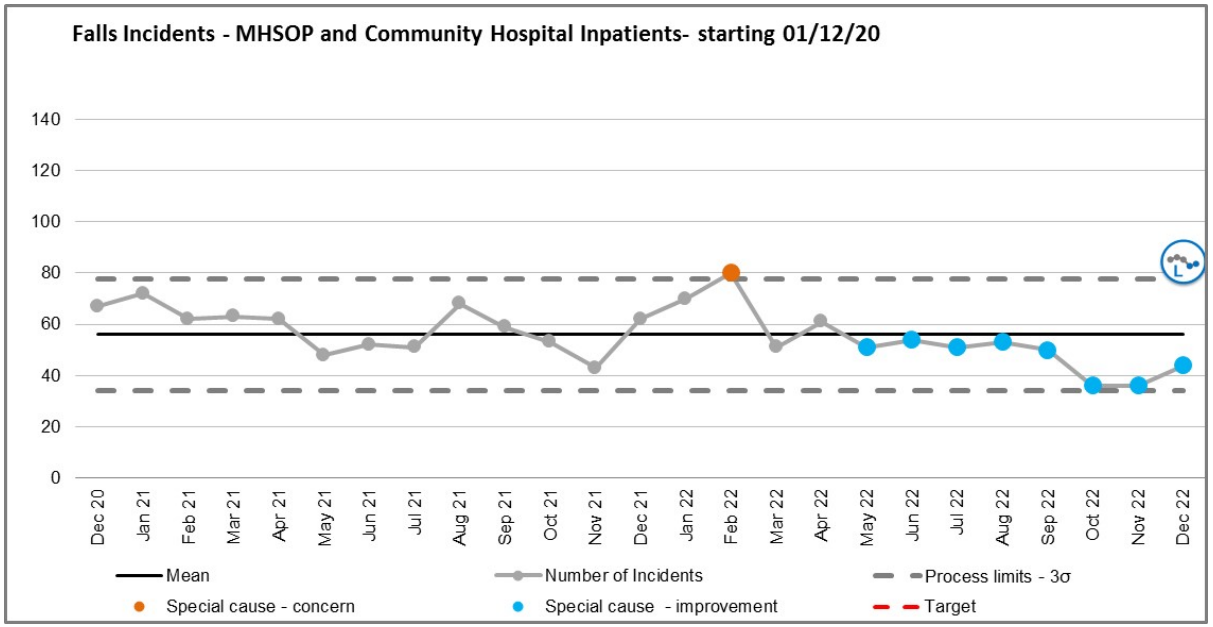
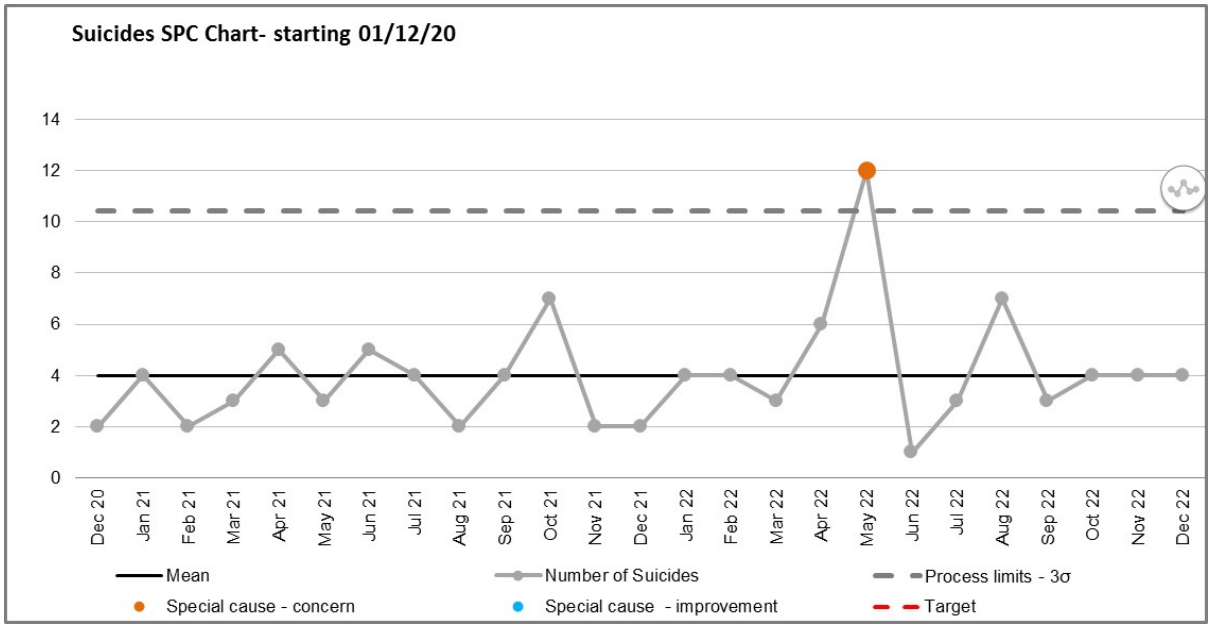
5. All falls incidents reported



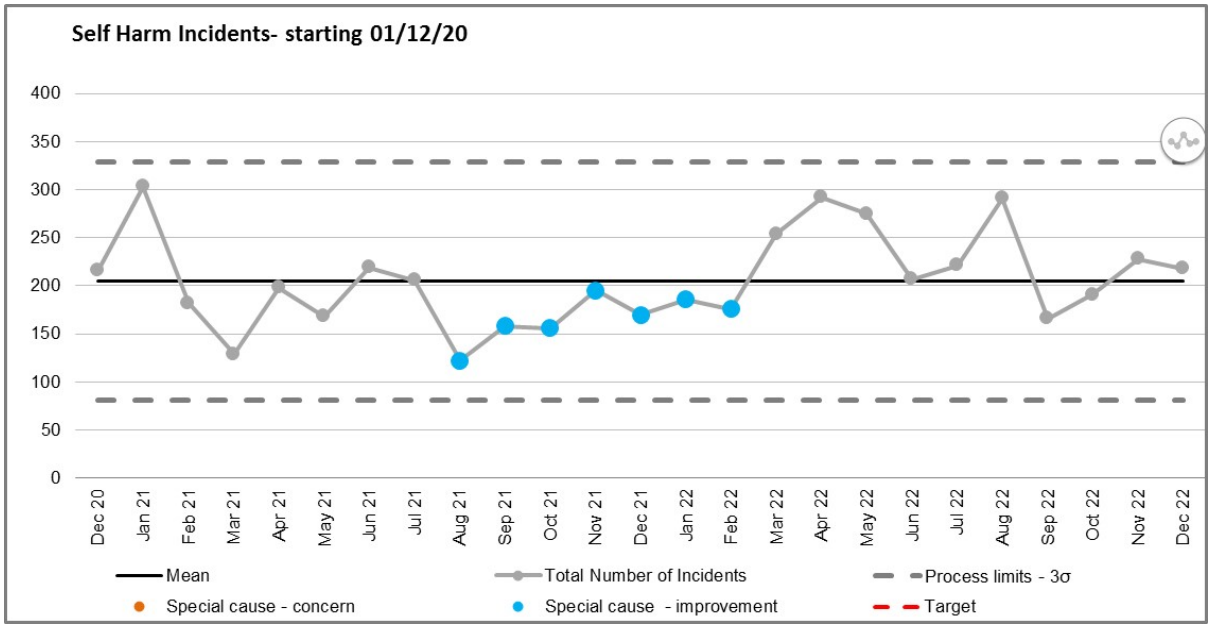
6. Falls incidents reported – MHSOP and Community Inpatients



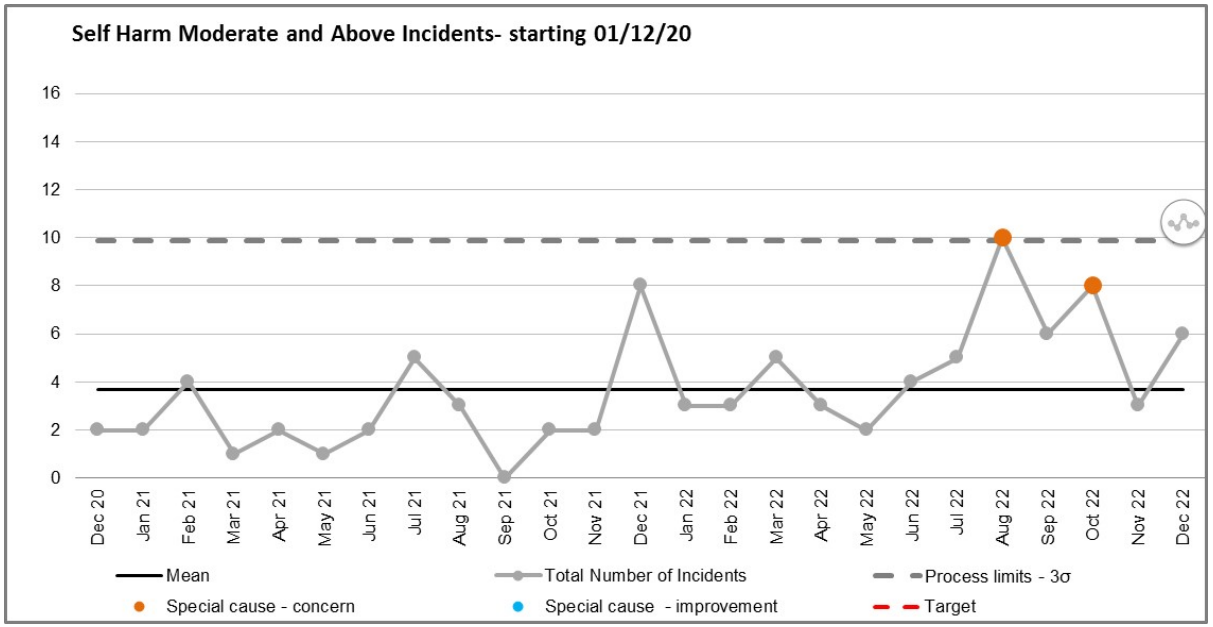
7. All reported Suicides



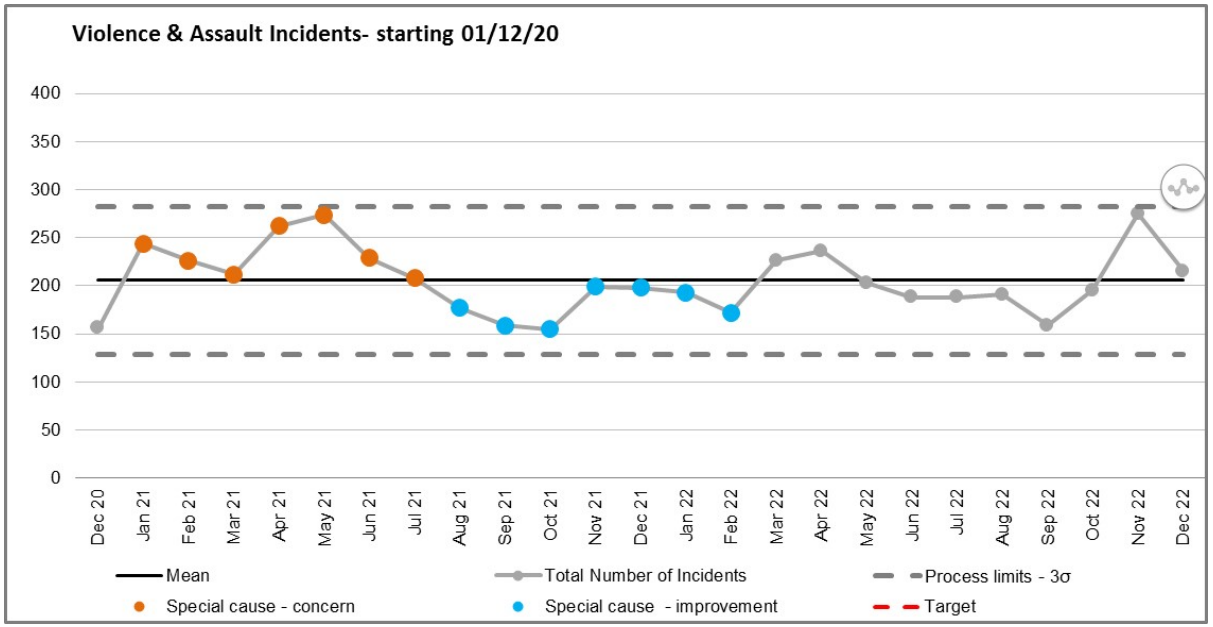
8. Self Harm reported Incidents



8. Self Harm reported Incidents



9. All Violence & Assaults reported Incidents



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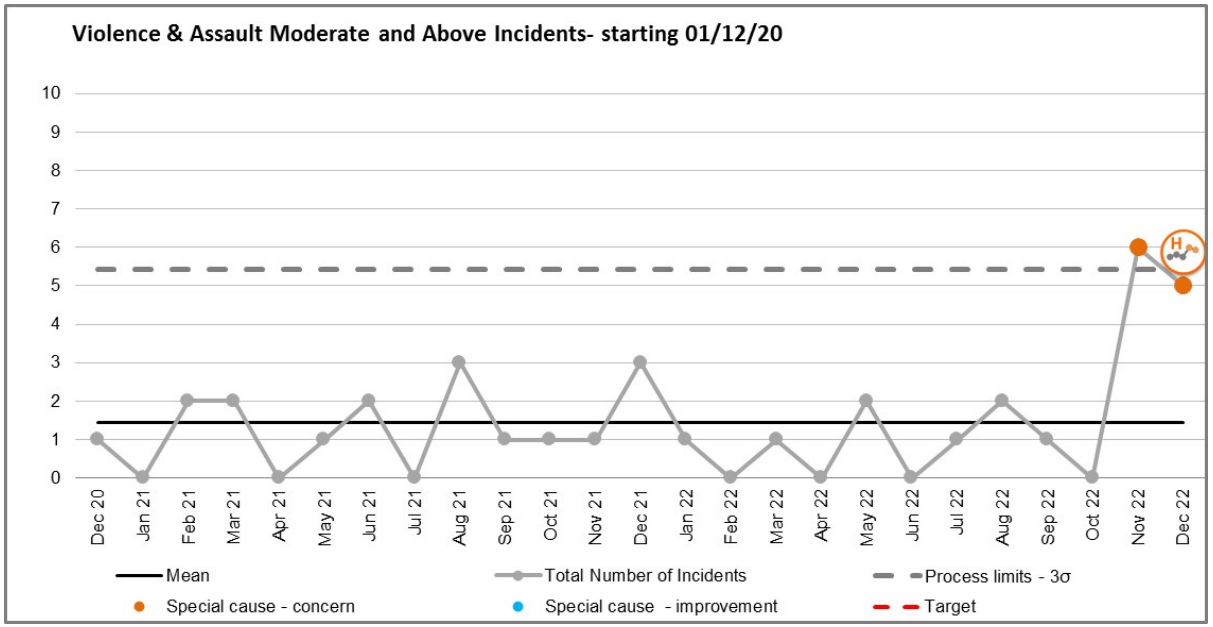
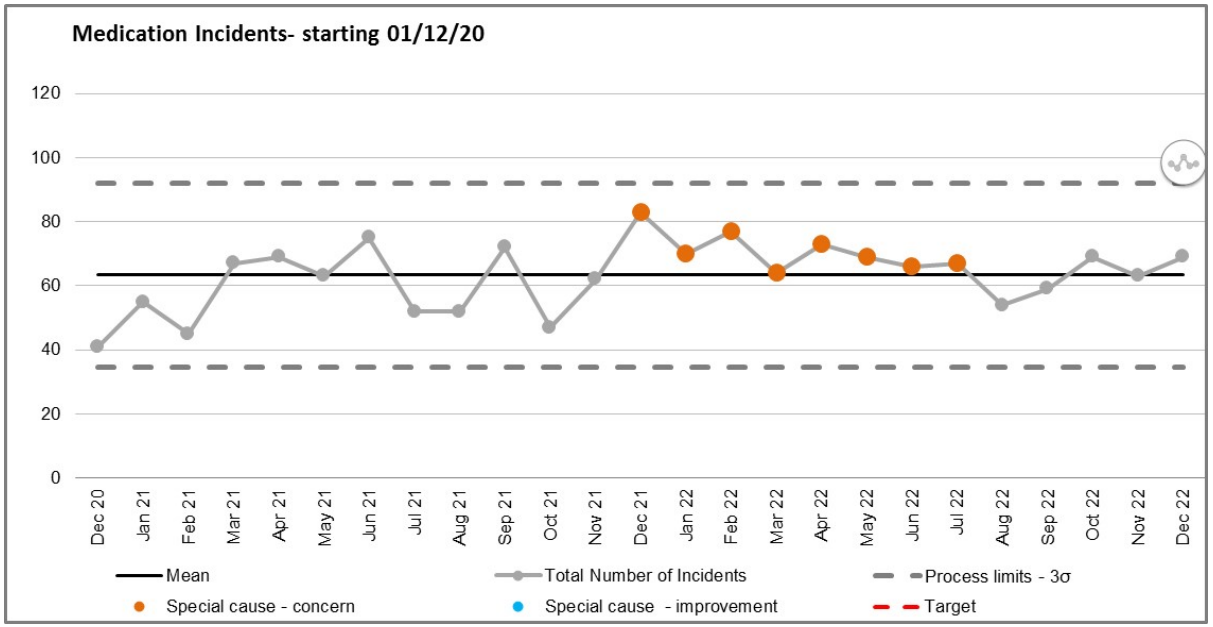
9. Violence & Assaults moderate harm reported Incidents



10. All Medication Incidents reported



12. Ongoing - StEIS Notifications for Serious Incidents

2022/2023 - 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
2022/23 Q1	April	0	2	0	2	10	3	3	3
	May	0	3	0	0	12	5	0	4
	June	0	4	1	2	7	2	1	3
2022/23 Q2	July	0	4	1	4	8	4	1	6
	August	0	7	1	1	7	5	2	2
	September	0	3	1	3	10	8	2	9
2022/23 Q3	October	0	4	0	3	4	4	4	11
	November	0	6	0	1	4	6	0	8
	December	0	7	1	2	4	6	2	10
2022/23 Q4	January								
	February								
	March								
YTD			40	5	18	66	43	15	56

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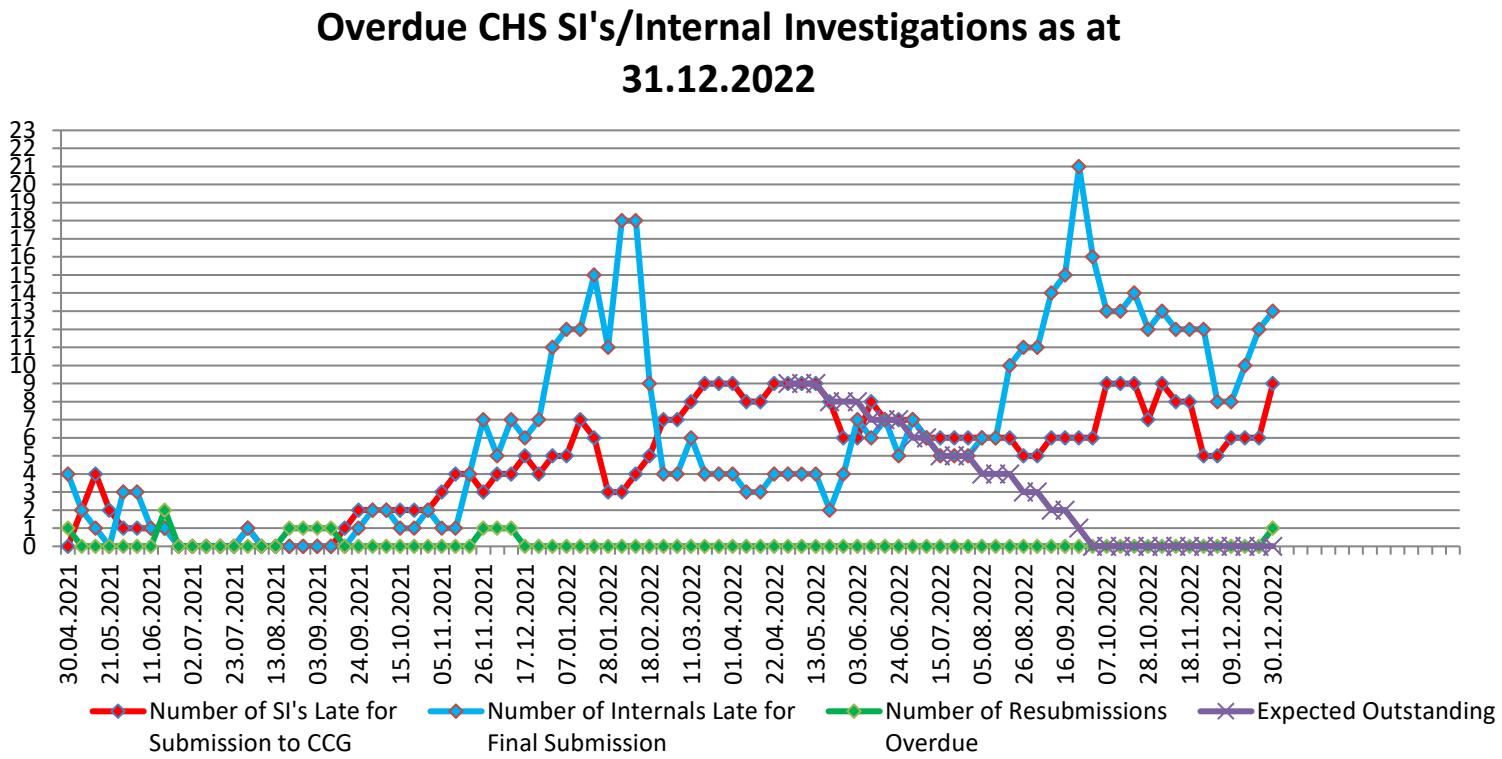
12a. Overdue Serious Incidents/Internal Investigation & CCG resubmissions(includes totals) - CHS



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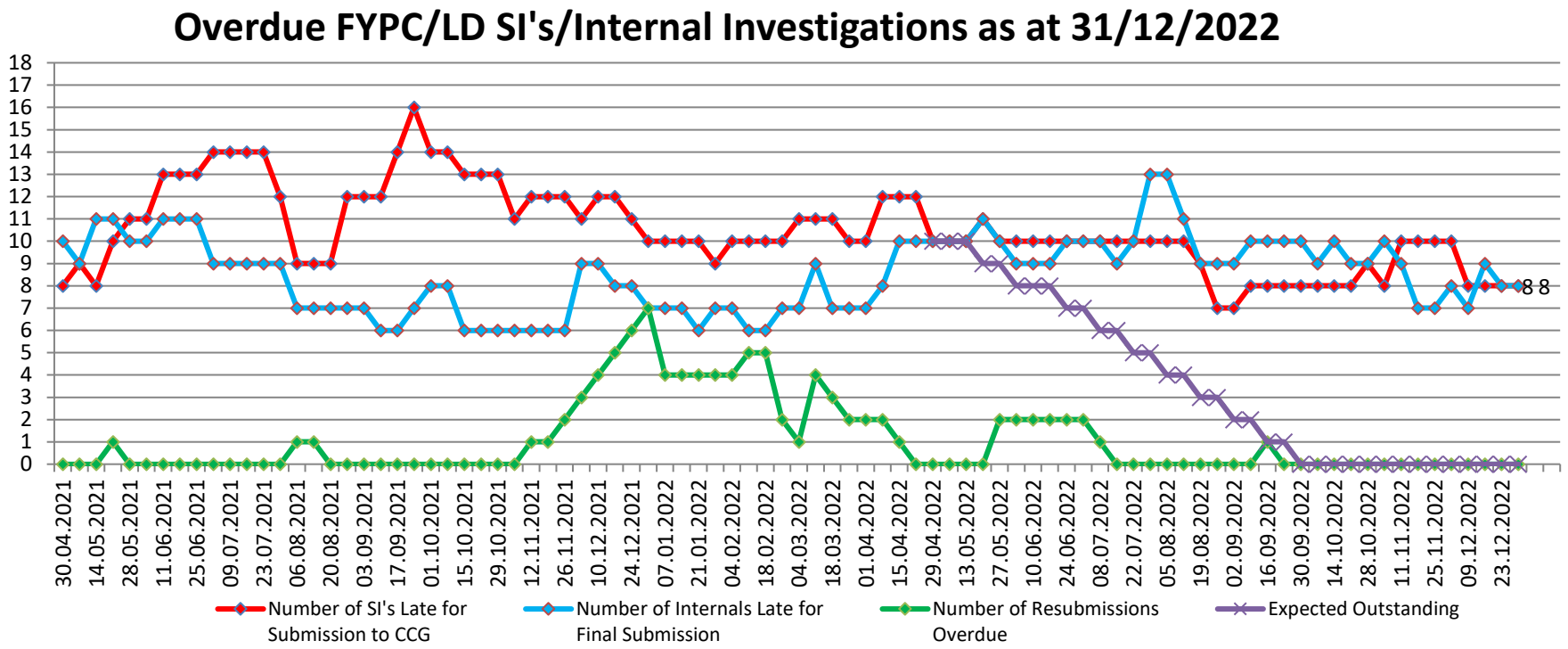
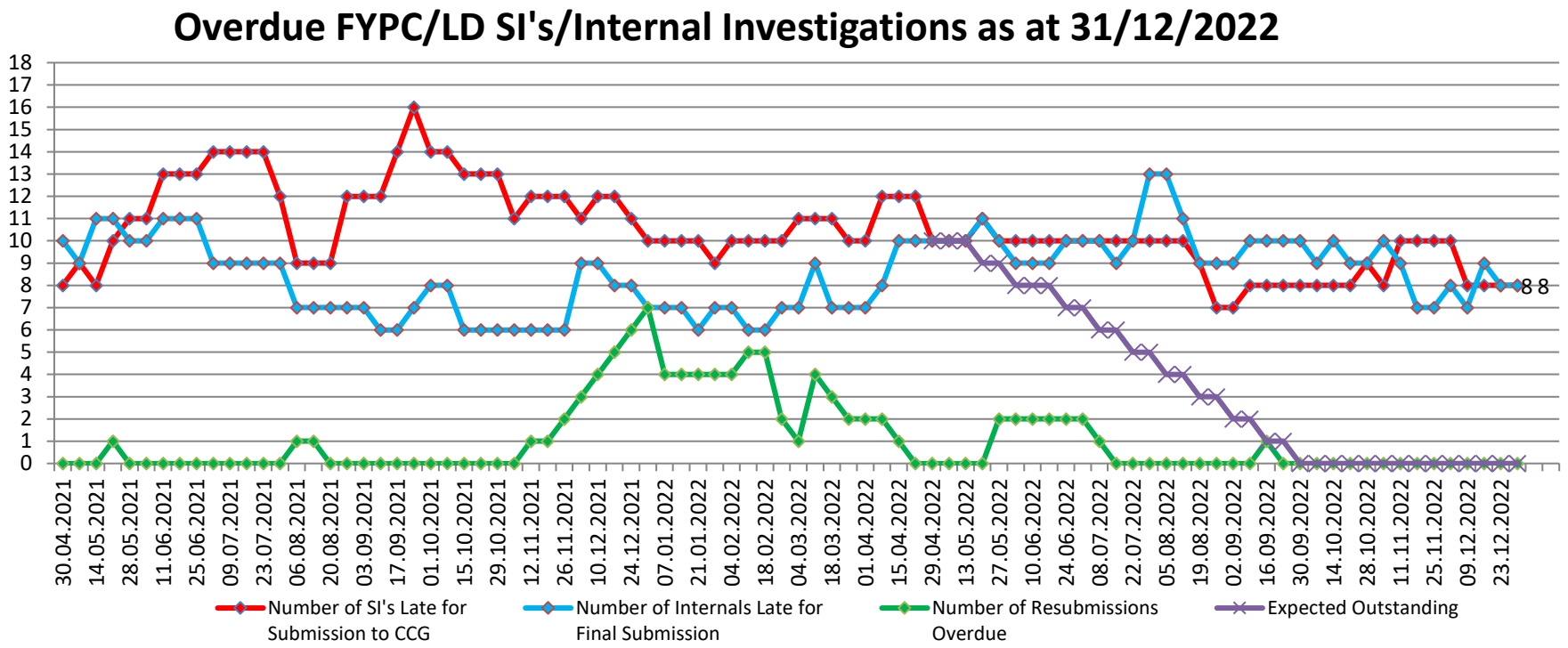
12a. Overdue Serious Incidents/Internal Investigation & CCG resubmissions (includes totals) - DMH



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



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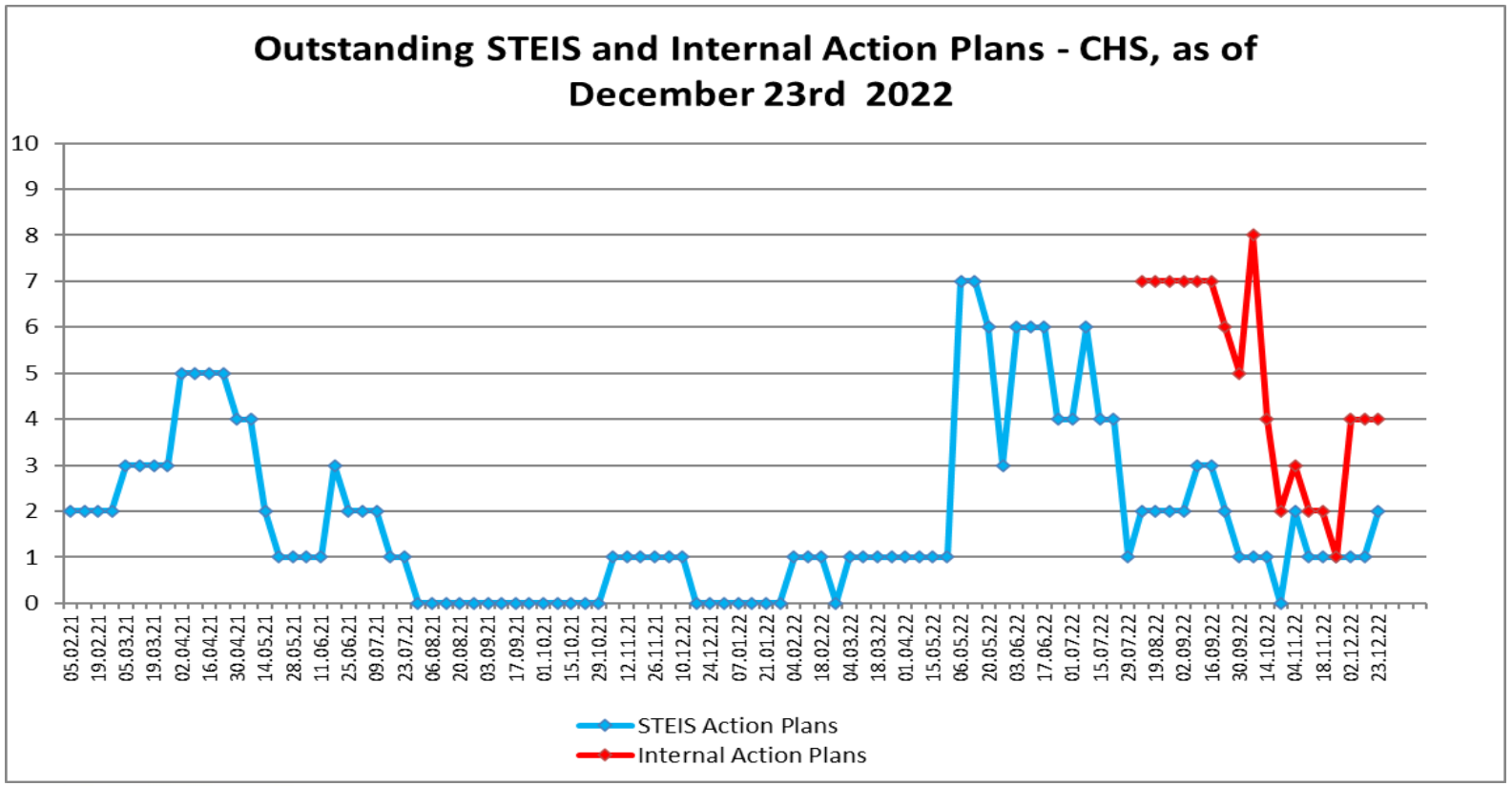
12.b Directorate SI Action Plan Compliance CHS Status 2021/22 to date



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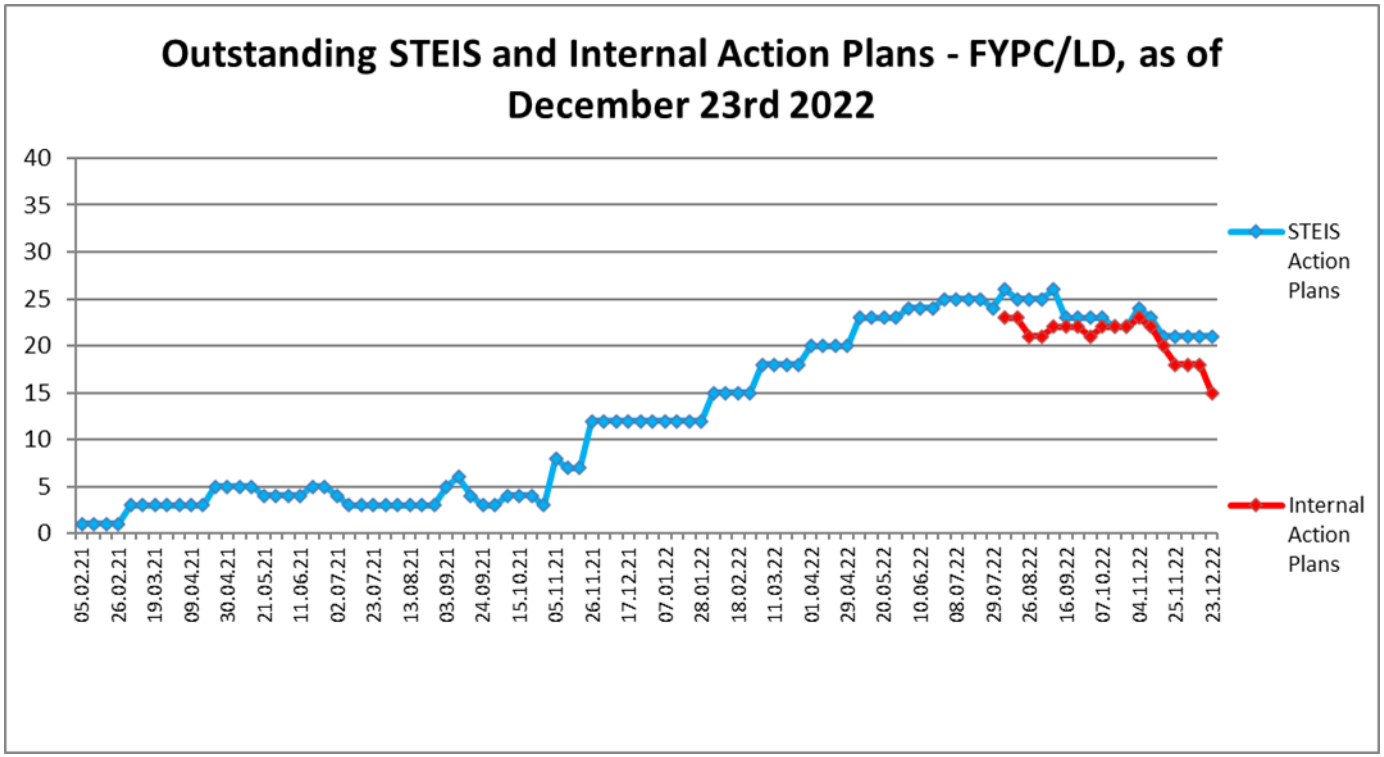
12.b Directorate SI Action Plan Compliance FYPC/LD Status 2021/22 to date



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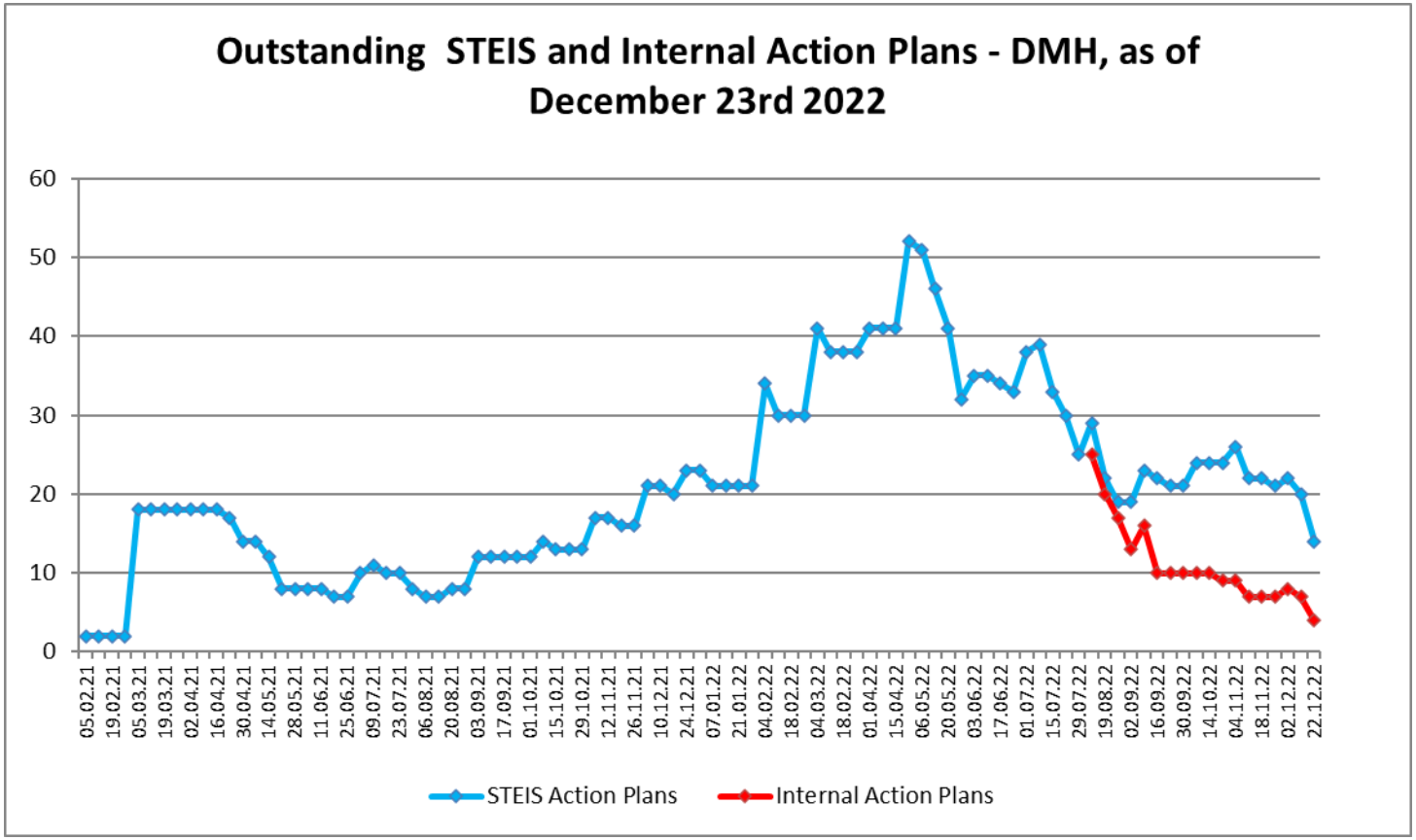
12.b Directorate SI Action Plan Compliance DMH Status 2021/22 to date



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13. Learning from the SI process

As we improve the quality of our investigations the resulting recommendations will be more robust and likely to focus on trust system or process improvements.

This has resulted in directorate teams struggling to oversee and manage these actions – sometimes delaying their action plan closure

Action

- The action plan will now be called an improvement plan
- This is split into two parts for directorate management and corporate oversight
- These corporate actions will be overseen by the most appropriate trust governance group
- Compliance with these will be overseen by the trust Incident Oversight Group (IOG) and reported to the Quality Forum

14. Learning Nov/Dec 2022

Serious & Internal Incidents/Complaints Emerging & Recurring Themes

- There is a repeated theme across the organisation about our engagement with families

Including

- Engaging with families of adults who are inpatients in relation to their mental health care, treatment and recovery– the review identifies that staff are concerned about protecting patients confidentiality however this is described by families as not feeling involved/informed
- Not having next of kin details on file, particularly in Mental Health Services.
- Generally when talking to relatives and reviewing complaints across the directorates there is a theme that our communication is not always consistent and timely

Action- A trust wide piece of work to be commenced to ensure there are clear processes to identify formal NOK, significant contacts and agree the level of communication and ensure there is clear documentation for staff to see what has been communicated, when and with whom

15. Learning Nov/Dec 2022 continued

Serious & Internal Incidents/Complaints Emerging & Recurring Themes

- In October 2022 there was an incident regarding the disclosure by a patient some time after taking a paracetamol overdose and the lack of clarity regarding the process for care and treatment. There have been further, similar incidents in the last 2 months that have highlighted the following themes:

Including

The checking and searching of patients following leave.

- Lack of clarity for staff on the appropriate legal frameworks that support immediate treatment and if a patients capacity to agree to emergency treatment is considered.
- EMAS staff refusing to transfer a patient to the Emergency Department as they have assessed a patient has capacity to understand the consequences of refusing to go and engage in treatment.

Action- A trust wide task and finish group will commence in January 23 to ensure there is clear guidance for staff within the appropriate legal framework to support prompt decision making and actions.