

Trust Board in Public
27 September 2012
Agenda item: 5.3

Outstanding Serious Incident Investigations

For: *Information/decision*

Summary: *The report updates the Board on outstanding serious incident reports, the cause for delays, risks and possible options for mitigation.*

Action: *The Board is asked to: discuss and agree*

Presented by: *Des Holden (Medical Director)*

Author: *Colin Pink (Acting Head of Integrated Governance and Risk)*

Notes:

Trust objective:	<i>Please list number and statement this paper relates to. Objective 1 - Deliver Safe, High Quality, Co-ordinated Care</i>
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Legal:	<i>What are the legal considerations and implications linked to this item? Please name relevant act There are numerous legal requirements attached to the management of incident investigation.</i>
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Regulation:	<i>What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission As this is an indicator of our patient safety culture this effects Outcome 16, Assessing and monitoring the quality of service provision, of the Care Quality Commission Essential Standards (effects all other outcomes)</i>
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Outstanding Serious Incident Investigations Report

Date	September 2012
Author	Colin Pink, Acting Head of Integrated Governance and Quality
Audience	Trust Board Members

Background

The Trust has always had a backlog of open serious incidents requiring investigation (see below). This is mainly caused by the time it takes to close an investigation, very few investigations are opened and closed in the same month. Since March this year the backlog has started to increase. There are two significant contributory factors that have led to this backlog. The first and most significant is the effect of two key staff being on periods of extended sick leave during this time. This equates to 50% of the Risk teams operational capacity for over two months. Although the Trust can gain assurance that the team have managed the closing of investigations during this period it has been at the expense of normal support for the divisions. We continue to also provide support for investigation of none serious incidents (Chemo therapy case) The second significant contributory factor relates to the increase in automatic categories that are required to be investigated as SIRI (falls etc).

New cases and effect on backlog:

Open	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
New cases	5	3	6	6	3	4	5	3	6	7	2	7
Cases closed	4	3	5	6	5	3	1	3	5	4	4	5
Cases open end of month	12	12	13	13	11	12	16	16	17	20	18	20

Current position

- As detailed in the serious incident report there are currently 20 investigations open.
- Phased returns are commencing for the staff on long term sickness and a temporary member of staff is in post to support the team.
- The majority of serious incident investigations are underway and currently 5 are in the stages of final draft.
- The Board can be assured that although incident investigations remain open, learning and actions to reduce and specific immediate risk are actioned prior to the closure of the investigation.
- The risk team is heavily involved in the project to launch DATIX Web online reporting tool, this demand will increase towards the end of the calendar year as the project goes live.

- The Integrated Governance team will be going through a period of consultation which will have an effect during the period of review and uncertainty.

Options and recommendations to resolve backlog

Short term

Extend the current support (part time Governance Facilitator) which is due to cease shortly. This will provide the team the extra resources required to reduce the backlog without affecting other priorities.

Pass the management of low complexity cases to divisional leads (Pressure Ulcers and Falls), using the risk team to scrutinise the report before sign off. This will allow the Risk team to focus on complex cases.

Review current work load and priorities within the governance team and prioritise this work ahead of other streams. This would result in potential delay in the roll out of DATIX web and key committees. This is therefore not feasible.

Long term

Develop knowledge and skills of front line clinical staff, both nursing and medical, in order that the team can focus on providing scrutiny and support.