

ACTION PLAN

Response to NHS Improvement Review of Dorset Never Events – September 2019

DATE: 11.12.2019

IDENTIFIED THEME	ACTION TO BE TAKEN	HOW IS THE ACTION TO BE ACHIEVED?	Persons(s) responsible	Completion Date	Completion Signature
Inconsistent quality of serious incident reports.	<ul style="list-style-type: none"> Agree a standardised report template to be used by all Dorset NHS organisations 	<p>Three task and finish (T&F) groups are to take place in Jan, Feb and March 2020. The Jan and Mar meetings will be 'face to face' with a tele-conference in February 2020.</p> <p>Before the meeting in Jan 2020, a draft report template is to be produced to merge headings, sub-headings etc. from existing templates to use as a basis for the discussion at T&F meeting 1.</p> <p>NB/ The final template should be agreed via QSG to ensure that CQC, NHSEI etc. are cited on the final version.</p>	<p>CCG Patient Safety and Risk Support officer</p> <p>CCG Patient Safety Manager</p>		
	<ul style="list-style-type: none"> Include a 'systems approach' framework to include human factors analysis 	<p>PHT Head of Risk to raise questions at the SW Governance Consortium meeting on Fri 13 December with the Framework author</p> <p>NB/ It was confirmed on 11.12.2019 that the framework remains 'embargoed'</p>	PHT Head of Risk	13.12.2019 feedback by 16.12.2019 to inform HEE bid submission.	Completed
	<ul style="list-style-type: none"> Share template with patient partners to ensure template is transparent and applicable to patients and/or their representatives. 	<p>The final draft of the standardised report template will be shared with the CCG patient involvement group for comment prior to use.</p>	CCG Head of Nursing and Quality		
	<ul style="list-style-type: none"> The new report will include formal sign off at Trust board level prior to submitting to CCG for closure 	<p>Trust Patient Safety Leads to implement measures to ensure that the Trust Board understand their responsibilities in relation to 'sign off' within the new strategy and procedures are in place to achieve this.</p> <p>CCG to maintain oversight and final closure on STEIS as part of the NHS contract.</p>	<p>Trust Patient Safety Leads</p> <p>CCG Contract Quality leads</p>	Aim for April 2020.	

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Inconsistent application of duty of candour requirements in SI investigations.	<ul style="list-style-type: none"> Agree a standard approach to duty of candour as part of the investigation process for serious incidents. 	CCG Patient Safety manager to email Provider Patient Safety Leads: 1) To establish how DoC is applied in each Trust, and to refine the Duty of Candour audit questions. 2) Repeat Duty of candour audit to report to QSG.	CCG Patient Safety Manager / Trust Leads	15.01.2020 01.03.2020	
	<ul style="list-style-type: none"> Include evidence of involvement, engagement and apology to patients and their representatives as part of the standard report template. 	To be included in the standardised template report once a standard approach to the application of DoC has been agreed.	CCG Patient Safety manager	31.03.2020	
	<ul style="list-style-type: none"> Continued participation in the CCG annual duty of candour audit. 	Annual Duty of Candour audits to continue (although to also link with Patient Safety Alert audit, and completed SI action plans audit). Results from Duty of Candour audit to be discussed at QSG	CCG Patient Safety Manager	On-going	
Variation in training and education in investigation and report writing skills across organisations	<ul style="list-style-type: none"> Understand the scope of current training available to NHS staff 	Trust Leads to provide an outline of the current training offer for staff in relation to Patient Safety investigations to inform HEE bid due 25.12.2019.	Trust Leads	12.12.2019, response due 16.12.2019	Completed
	<ul style="list-style-type: none"> Identify the scope of future training requirements within the ICS (Training Needs Analysis/bid opportunity) 	The HEE bid is to be used to undertake a training needs analysis in relation to the scope of the training requirements as outlined in the new Patient Safety Strategy and draft syllabus. Consider alternative to ensure scope of training needs in the event that the HEE bid is unsuccessful.	CCG Patient Safety Manager CCG Head of Nursing and Quality / Trust Leads	25.12.2019 deadline for bid submission. April 2020	Completed
	<ul style="list-style-type: none"> Identify opportunities to co-ordinate access to training where possible across organisations 	Need to understand how investigation training/patient safety training can link into training programmes (e.g. nursing, medical training). Trusts to consider sharing access to training that is available 'in-house' and to work collaboratively to secure training places of recognised courses.	Trust Leads Trust Leads	31.03.21	
	<ul style="list-style-type: none"> As part of the implementation of the standard report template, 	Trusts to consider sharing access to training that is available 'in-house' and to work collaboratively to secure training places of recognised courses.	Trust leads	31.03.21	

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	<p>provide training and support to staff who will be involved in the completion of the reports</p>				
<p>Variation in routine involvement of other organisations in patient safety investigations</p>	<ul style="list-style-type: none"> Agree a process for involvement and engagement of partner Trusts, SWASFT, primary care and/or other independent organisations in the investigation process. 	<p>Consider a standardised approach as part of each Trust internal SI panel process.</p>	<p>Trust Leads</p>	<p>31.03.20</p>	
	<ul style="list-style-type: none"> Ensure a RASCI¹ approach is consistently and routinely applied; CCG to advise and facilitate process and lead when required. NB; NHS E Public Health commissioning and Specialised Commissioning may take the lead in some cases 	<p>For immediate implementation:</p> <p>Any SIs identified which require a multi-agency approach are to be escalated to the CCG Patient Safety team as soon as the SI has been identified.</p> <p>CCG will organise a 30 min scoping teleconference with five working days with those organisations who need to be involved, during which a 'RASCI' will be agreed.</p> <p>A 72-hour report will be produced by the identifying organisation to inform the teleconference (they may not lead the investigation).</p> <p>The incident can then be declared on STEIS (if an SI) by the most appropriate organisation following the scoping call.</p> <p>If it is identified that the incident does not meet the definition of an SI, an 'end to end' review may be agreed upon during the scoping meeting.</p>	<p>CCG Patient Safety Team</p>	<p>01.01.2020</p>	
<p>Lack of clear process for continued compliance with Patient Safety</p>	<ul style="list-style-type: none"> Trusts will ensure clear process for sign off on Patient Safety Alerts and report any non-compliance to the CCG through 	<p>Contract reports should include updates on Patient Safety Alerts six-monthly.</p> <p>Develop a standardised self-assessment and audit process for implementation during 2020-21.</p>	<p>Trust leads</p> <p>CCG and Trust Leads</p>	<p>31.03.20</p>	

¹ RASCI is a decision-making framework used to allocate the roles for organisations involved in a multi-agency investigation. R= Responsible, A = Accountable, S = Supporting, C = Consulted, I = Informed.

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Alerts	regular quality reporting				
	<ul style="list-style-type: none"> Trusts and the CCG will develop an audit process to review compliance with Patient Safety Alerts 	Annual Patient Safety Alert audits to commence during 2020-21 (linking with the Duty of Candour audit, and completed SI action plans audit).	CCG Patient Safety Manager	31.03.21	
Improve thematic analysis of learning as a system	<ul style="list-style-type: none"> Improve and standardise quality of data entry on STEIS for relating to ethnicity 	Challenges with collecting ethnicity data to be escalated to NHSEI. Trust leads provided examples where the ethnic group listings in STEIS differ from those used in trust data collection.	CCG Head of Nursing and Quality	27.12.19	Completed
	<ul style="list-style-type: none"> Agree and apply consistent causation coding to incidents on incident management systems and STEIs 	Review codes used in DATIX and ULYSSES to compare. Agree standard use of the cause groups for incidents. Progress as part of T& F group.	Trust and CCG Patient Safety leads	31.03.20	
	<ul style="list-style-type: none"> Review how trends and patterns are recorded and shared (as part of the CCG Never Event panels and QSG) 	Six monthly report to QSG co-ordinated by CCG (January and June meetings). Develop a trend report to be shared at each CCG NE panel.	CCG Head of Nursing and Quality.	31.01.20	
	<ul style="list-style-type: none"> Consider the shared learning approach and inclusion of a patient partner as part of the CCG NE panels and the Patient Safety Leads Quarterly meetings. 	Governing Body Nurse member regular attendee of CCG NE panel to provide independent challenge. Identify opportunities for further lay member or patient representative involvement in Patient Safety meetings as part of individual organisations and as an ICS.	Trust and CCG leads	31.12.20	
Include evidence of review of actions and effectiveness as part of the investigation and review processes	<ul style="list-style-type: none"> Consider how to evidence actions completed as part of the review of the standard templates. 	Annual Action Plan completion audits to commence during 2020-21 (linking with the Duty of Candour audit, and Patient Safety Alert audit). Trusts to agree who the 'ultimate' owner of ensuring SI action plans are completed sits with	CCG Patient Safety Manager Trust Leads	31.03.21	
	<ul style="list-style-type: none"> Develop a shared approach to follow up and test specific actions in service areas and embedded learning in 	Two areas were identified in the NHS I review which have been used to test and explore this; <ul style="list-style-type: none"> 1) To review the requirements, equipment, training and standards for the taking, storing and access of photographs and images to improve site identification. The Dermatology Working group 	Trust leads	31.03.19	Completed

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	practice.	<p>which has representative of each Trust involved have worked together to introduce the photoSAF app across primary care.</p> <p>2) Reflect on involvement of the patient in the 'checking processes' prior to procedures. This is ongoing in Trusts and is reviewed on a case by case basis.</p>	Trust Leads	ongoing	