

**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 July 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Incident Reporting During COVID-19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Sian Passey, Assistant Director of Nursing , Quality, Assurance, Safeguarding and Professional Regulation

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

During COVID-19 the Health Board has continued to raise awareness and encourage staff to report incidents in line with the Putting Things Right Policy. Incident reporting is the mechanism that is used to identify any early learning, supports openness and transparency.

The purpose of this report is to provide the Quality, Safety and Experience Assurance Committee (QSEAC) with an update on incident reporting during the COVID-19 pandemic, with specific emphasis in this report on:

- Incidents reported and whether there has been an increase or decrease during this period;
- Poor communication;
- Hip fractures and whether there has been an increase;
- Infection rates – whether these have increased or decreased during COVID-19.

Cefndir / Background

Reporting and Investigation of Serious Incidents (SI) during COVID-19

Welsh Government has issued revised serious incident reporting guidance on those incidents which must be reported. Whilst the list has been reduced, the Health Board is still required to undertake proportionate and timely investigation on all incidents where there has been harm, including those incidents that would previously have been reported.

The Patient Safety Team continues to work with the senior directorate team to prepare the SI notification form to ensure timely reporting to Welsh Government.

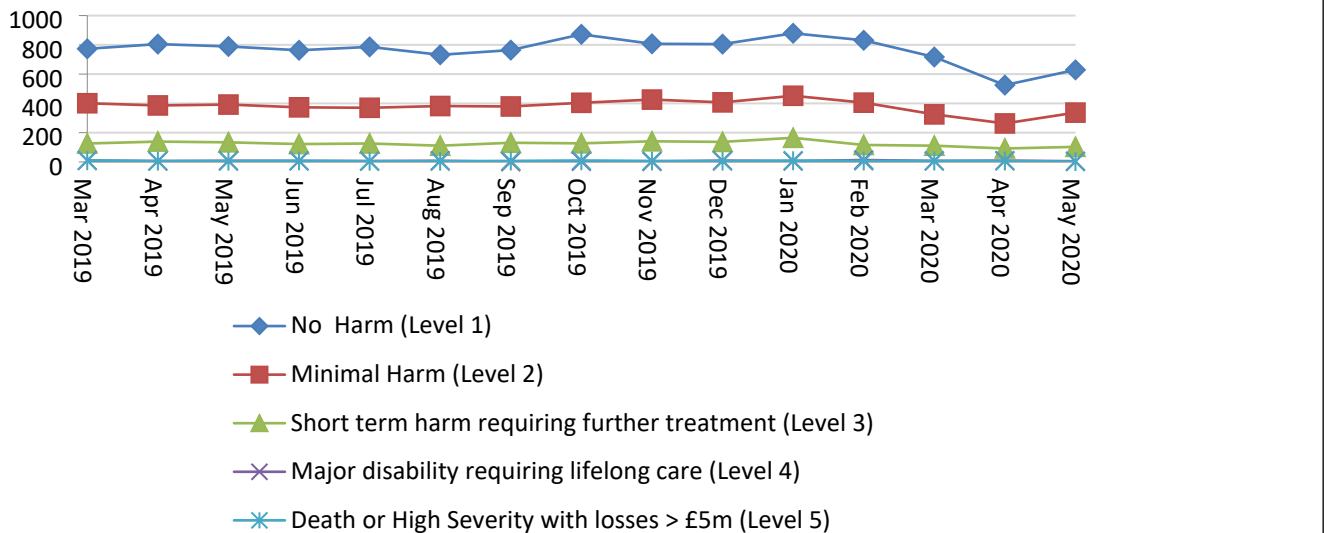
Welsh Government has confirmed that, during the pandemic, NHS organisations will not be required to undertake full root cause analysis for each incident. Investigations carried out will be proportionate to the concern being reviewed.

Asesiad / Assessment

Incident Reporting

Between 1st March and 19th June 2020, 3964 incidents were reported compared to 4817 incidents for the same period in 2019.

Table 1: Incidents by Reported (Month and year) and Severity



Source of data: Datix

Whilst there appears to be a significant drop in the number of patient safety incidents reported in March, April and May 2020, further analysis using the patient safety incident data from the Quality Dashboard and the admitted patient data in IRIS shows that on the acute sites, there has been a rise in the number of incidents per 1,000 patients during this period compared to the same months in 2018 and 2019. It is difficult to identify why this has occurred, a snap shot review of incidents undertaken does not appear to identify a specific reason for this increase; anecdotally it has been suggested that this could be related to the acuity of the patients during the COVID-19 period, however the assurance team will continue to monitor this and identify themes.

Specific COVID-19 reported incidents.

In order that the HB captures specific COVID-19 related incidents, additional categories have been added within Datix. To date, there have been 37 patient incidents reported and 29 staff incidents reported between March and June 2020.

Key themes relating to incidents included:

- Incidents where a patient has potentially acquired COVID-19 whilst in hospital. These incidents are in the process of being scrutinised (see paragraph below regarding the all Wales toolkits).
- Patient and relative understanding of visiting restrictions and isolation – these incidents were reported early in the pandemic. Public Health communication messages at this time were being strengthened daily, following which similar issues have not been reported.

Staff members testing positive for COVID-19.

Following meetings with both Health and Safety and Infection Control teams and prevention leads, it has become evident that there has been a number of reports where staff have reported positive with COVID -19. These reports are currently recorded on other systems and not consistently on DATIX, and as a result it has been difficult to identify the numbers of staff this

has affected. Where it is suspected that COVID-19 was acquired within work, these will now be reported on DATIX and a review will be undertaken using the all Wales toolkit (described below), with feedback presented to the Health and Safety Assurance Committee (HSAC).

All Wales Approach to the Review of COVID-19 Cases

The Heads of Patient Experience (HOPE) Network recommended an all Wales Framework for investigations – Staff COVID-19 cases be developed, particularly for use where COVID-19 has been contracted during work or where death has been attributed to COVID-19.

The current draft of this toolkit is being tested, in Health Boards and Trusts. To date this has not been used in Hywel Dda however, the assurance team are working with staff within Health and Safety and Infection Control teams to consider how these tools can be used.

An all Wales Framework for Investigations – Patient COVID-19 cases is also being developed. Incidence of positive COVID-19 results are captured on ICNET. Using the data within ICNET can also identify cases where the infection has potentially been acquired in hospital i.e. acquired 14 days or more after admission. It has recently been agreed that cases of potential hospital-acquired COVID-19 will be captured on Datix in order that a proportionate and appropriate review can be undertaken. Phase 1 will focus on the patients who have died and phase 2 will include a thematic review of patients. An update on progress related to this will be reported to the Infection Prevention & Control Group and any quality issues will be escalated as required through appropriate committee structures.

Communication related incidents

- **Handover**

This included incidents where issues were reported relating to handover between wards and or departments of patients suspected of being COVID-19 positive and as a result the appropriate Personal Protective Equipment (PPE) was not worn (in all cases reported, the patients were found to be COVID-19 negative). Following a review of these incidents, it is clear that verbal communication was not appropriate, and as a result the individual staff were spoken to. A seven minute briefing on handover and communication is in the process of being developed to support awareness raising.

- **Staff Understanding of PPE**

These incidents were reported early on in the pandemic, and in the main related to staffs understanding of guidance at a national and local level. Further guidance and clarification was issued and there have been no further reported incidents of this nature.

Hip and Femur Fractures

At the May 2020 QSEAC meeting, a concern was raised in relation to an increase in the number of hip fractures in the community that had been reported. The Assurance and Safety Team reviewed the DATIX system to consider the number of in-patient falls resulting in hip fractures and noted no significant increase. To support this review, the team also liaised with the relative clinical nurse specialists on each of the sites to gather information on the data that is collected for the [National Hip Fracture Database](#). It is of note that in April 2020, the data was expanded to include fractures to the shaft of the femur as well as fractures to the neck of the femur, which could account for the perceived increase.

The local data from this system is provided to the Trauma and Orthopaedics Directorate by the Clinical Audit Team on a quarterly basis. A quarterly snap shot report of the data is provided by the Clinical Audit Team which provides a comparison against the same quarter for the previous year. A multidisciplinary hip fracture meeting, chaired by a Trauma and Orthopaedic Consultant, is held on each site. Under normal business, the data is scrutinised in detail and improvement and learning identified.

The minutes of the multidisciplinary hip fracture meetings are presented to the Scheduled Care Quality and Governance meeting where exceptions and concerns can be raised.

At this time, there is no evidence to suggest there has been a rise in the number of femur fractures (shaft or neck of femur) in Pembrokeshire or Ceredigion, however there is a slight increase in Carmarthenshire. This will be scrutinised at the multidisciplinary hip fracture meeting scheduled for 1st July 2020 and reported to the Scheduled Care Quality and Governance meeting and escalated to the relevant committee following these meetings.

Infection rates – whether they have increased or decreased during COVID-19.

In looking at infection rates across the Health Board there has been a decrease in numbers in comparison with the equivalent time period for 2019/20. However, when considering the rate per 1000 admissions, there has been a significant increase in all infections. This is due primarily to the drop in hospital admission numbers for the first quarter (Q1) 2020/21, and possibly that patients themselves were delaying admission until they were very unwell due to anxieties around COVID-19. Furthermore, there are other pockets of concern, such as the slight increase in the base rate of *C. difficile* in Glangwili General Hospital (GGH). As a result the Infection Prevention and Control Team is working with the Antimicrobial Pharmacist to establish whether any common threads can be identified and the stewardship of antibiotics will be reviewed. There has also been a rise in the number of E.coli Blood Stream Infections admitted to Bronglais General Hospital (BGH) in May 2020. These are not associated with Care Homes although mainly involve the elderly, with a number of the total 12 cases aged in their 90's. This may be an effect of lockdown and poor hydration, as family and neighbours are unable to call and check on their wellbeing.

Argymhelliad / Recommendation

The Committee is asked to take assurance that there are processes in place to monitor incident reporting during the COVID-19 pandemic and that appropriate action is taken.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A - Incidents are reported via DATIX incidence module and managed through the service managers. Themes are considered from a corporate perspective
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Datix, Quality Dashboard available on IRIS
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Integration of reporting methodology improves triangulation of data and therefore reducing risk
Cyfreithiol: Legal:	Integration of reporting methodology improves triangulation of data and therefore reducing likelihood of legal challenge

Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A