Written Statement to the Board of Directors

In connection with Action 16/605.1 (261017) – to consider the figures presented in the SOF in relation to falls and feedback to the Board.

I am grateful to the Board for their request for further clarification regarding the grading of harm in respect of falls. I recognise and share the Board's concern that falls involving long bone fractures or intracranial injuries have not, in all cases, been graded as severe harm in the past by the Trust.

I have looked into this with colleagues from the Governance Support Unit. They have advised that the grading of harm at Sherwood Forest is in strict accordance with Data Quality Standards, published by the former National Patient Safety Agency in 2009. Indeed, it is my understanding that representatives from the National Reporting and Learning System had instructed the Trust to grade in this manner several years ago.

The standards make it clear that:

"*Organisations should not enter a harm grading of severe or death on a PSI (Patient Safety Incident) report unless they believe that permanent harm or death actually resulted and was directly attributable to a PSI*. (NPSA, 2009 p3).

The standards also caution against the grading of potential harm or harms not directly attributable to the event.

There are a number of concerns arising from the application of this guidance: (i) this guidance is dated; it predates significant shifts in attitude towards patient safety management following the Francis Inquiry, the Kirkup and Berwick reviews and may not therefore reflect current thinking; and (ii) interpretations of the guidance may translate into what might appear as the placement of organisational interests in respect of harm grading above those of the victim. There are concerns that a strict application of this guidance is resulting in what might reasonably be considered, when viewed from the perspective of the injured party, as severe injuries being graded as no or low harm. This may arise because the Trust may have determined that the harm was not attributable to any failing on the part of the Provider, the event was unavoidable and staff acted appropriately, or the sheer complexity of the clinical problems justify the decisions taken by colleagues at the time.

Having carefully considered the guidance and taken representations from staff, of which there are varying points of view to consider, I have instructed the Governance Support Unit, the Falls Lead and Clinical Services to adopt the following grading conventions in respect of their judgements regarding falls incidents:

The actual quantifiable injury, physical or psychological, shall be the primary determinant of the level of harm assigned in Datix reports. **If the injuries involve intracranial trauma or any fractures (excluding fingers, toes and nasal bones) such matters shall be assigned a severe harm category. If a patient has died as a consequence of injuries sustained during a fall, we shall grade the event as catastrophic harm.**

If subsequent investigation reveals that there were no defects in care identified, and no action or learning is required, then that outcome shall be conveyed in reports by investigating officers and also to the service user or their family as part of our duty of candour.

Paul Moore
Director of Governance & Quality Improvement
11/12/2017