

**Serious Incident Report**

**Governing Body Meeting**

**7th August 2014**

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| **Author(s)** | Tony Moore, Senior Quality Manager |
| **Sponsor** | Kevin Clifford, Chief Nurse |
| **Is your report for Approval / Consideration / Noting** |
| * Sheffield Clinical Commissioning Group (SCCG) has a role to ensure that Serious Incidents (SIs) in our commissioned services, and within our commissioning function, are reported, investigated and appropriately acted on.
* This paper is to provide an update on new SIs in Quarter 1 2014/15 for which the Governing Body has either a direct or a performance management responsibility.
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| **Are there any Resource Implications (including Financial, Staffing etc.)?** |
| Nil |
| **Audit Requirement** (This section must be filled in even if it is a nil return)  |
| **CCG Objectives**Which of the CCG’s objectives does this paper support?2.1 The paper provides information required as part of the National Standard Contracting process and is an existing assurance against current controls.The latest version of the Governing Body Assurance Framework can be found at L:\SHARED\BAF & Risk Register or contact Sue Laing 0114 305 1092 or suelaing1@nhs.net)  |
| **Equality impact assessment** Have you carried out an Equality Impact Assessment and is it attached? NoIf not, why not? N/A(the template can be found at <http://www.intranet.sheffieldccg.nhs.uk/equality-impact-assessments.htm>(or contact Elaine Barnes elaine.barnes3@nhs.net / 0114 305 1581) |
| **PPE Activity**How does your paper support involving patients, carers and the public? N/A |
| **Recommendations** |
| * The Governing Body is asked to note the position for each provider and to endorse the Quarter 1 report for 2014/15.
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**Sheffield Clinical Commissioning Group**



Serious Incident Report Quarter 1 2014/15

**Governing Body**

 **7th August 2014**

1. **Introduction & background**
	1. NHS Sheffield Clinical Commissioning Group (SCCG) has responsibility for the performance management of all Provider Serious Incidents (SIs). Procedures for this are based on the NHS England Serious Incident Framework (March 2013).
	2. All NHS organisations utilise the Department of Health (DH) incident reporting module of the STEIS / UNIFY system to log and manage serious incidents. This is supplemented by a locally created and managed database, to keep track of progress on all SI’s and to generate management and reporting information.
	3. Every reported SI is individually performance managed to ensure that relevant reporting deadlines are being met and that the final investigation has used recognised Root Cause Analysis (RCA) techniques in line with national guidance. In addition the report there should be a comprehensive action plan.
	4. Each Provider has a set of quality indicators built into their contract, which also includes a specific schedule setting out both their and our responsibilities for SI management. These are encapsulated within the data in this report.
	5. Individual incidents and performance data are discussed regularly with providers within informal meetings, and formally within Contract Quality Review meetings.
	6. SCCG acts as the co-ordinating Commissioner for Specialised Commissioning SI’s or patients from another CCG, providing a single management focus and point of contact for the Provider. This has the potential to occasionally introduce delays into the management process.
	7. This report provides details on the performance of Providers together with incident trends and lessons learned. Individual Provider’s performance is seen in Appendix 1.
2. **Definition of a Serious Incident**
	1. A SI may be defined as an incident where a patient, member of staff, or member of the public has suffered serious injury, major permanent harm, or unexpected death. Incidents involving confidential information loss or where there is cluster / pattern of incidents or actions, including those of NHS staff, which have caused or are likely to cause significant public concern may also constitute a SI.
	2. Some SIs has been identified by NHS England (NHS E) as ‘Never Events’. NHS E publishes a list of ‘Never Events’ annually and the list of 25 are unchanged for the forthcoming year. There are financial penalties through the NHS E standard contract, should such an event occur.
3. **Provider performance**
	1. Providers are contractually required to meet criteria in respect of timeliness of initially logging an incident within two working days and in the provision of an investigation report and action plan - within 12 weeks (60 working days), unless an extension is agreed.
4. **Sheffield Children’s FT (SCHFT)**
	1. 2 new incidents were reported by SCHFT in Q1. 1 (50%) of these were reported within the 2 working days timeframe.
	2. 1 incident was closed and no incidents were de-logged, leaving 9 incidents on-going at the end of Q1. There are 2 reports awaiting further information for closure.
	3. 1 report was received in Q1 and this was overdue. 2 reports were reviewed. 1 report and action plan was graded as ‘Good’ and 1 report and action plan was graded as “Fair”.
	4. 4 investigation reports are overdue at the end of Q1. An agreement has been reached on the issue of the Trust delaying submission of final reports where an inquest is to be held and will resolve this problem.
5. **Sheffield Health & Social Care FT (SHSCFT)**
	1. 8 new incidents were reported in Q1. 6 (75%) of these, were reported within the 2 working days timeframe.
	2. 4 reports were received in Q1. 1 (25%) were received within the agreed deadline. The relatively low performance is partially caused by the number of overdue reports (see 5.5 below) and further improvement is required.
	3. 2 investigation reports were reviewed in Q1. Both (100%) of the reports, were graded as “Good”. 1 action plan was graded a “Good” and 1 as “Fair”. We are awaiting Trust responses to 12 previously reviewed reports.
	4. 8 incidents were closed in Q1, leaving 35 on-going incidents at the end of Q1.
	5. 12 investigation reports are overdue at the end of Q1.
	6. The Trust has set a target (at executive level) to address the backlog of incidents should be addressed by the end of July 2014, although this will be a challenge.
6. **Sheffield Teaching Hospitals FT (STHFT)**
	1. 10 new incidents were logged in Q1. 8 (80%) of these incidents were reported within the agreed timeframe.
	2. 6 investigation reports and action plans were received in Q1, all (100%) of which were received within the agreed deadline.
	3. 9 reports were reviewed within the quarter. 7 (78%) of the reports were graded as “Good” and 2 (22%) as “Fair”. 1 (11%) of the action plans was graded as “Excellent”, 7 (78%) were graded as “Good” and 1 (11%) as “Fair”.

There are 5 reports requiring a response to a previous review.

* 1. 6 SIs were closed during Q1 leaving 20 incidents on-going. There are 3 incidents awaiting further assurance before closure.
	2. 1 investigation report is overdue.
1. **Independent Providers.**
	1. 4 new incidents were logged in Q1.

2 by St Luke’s Hospice, 1 by Thornbury Hospital and 1 by the British Pregnancy Advisory Service (BPAS) Clinic. 2 of these were logged within the agreed timescale.

* 1. No investigation reports were reviewed in Q1 and no reports are overdue.
	2. 1 incident was closed, leaving 5 incidents on-going at the end of Q1.
1. **Incident trends**

The most prevalent incident types by organisation for Q1 were:

**SCHFT**  - No trends

**SHSCFT** - Suicide by Outpatient

**STHFT** - Pressure Ulcers and Delayed Diagnosis

**Independent Contractors and Providers** – No trends

1. **Changes to practice following SI’s**

The examples below, taken from reviewed incident reports, serve to illustrate that in virtually all cases, the investigation process identified some improvements to be made. These relate to incidents where the investigation is closed, so will generally not relate to those reported in this quarter.

* 1. **Sheffield Children’s Hospital Foundation Trust (SCHFT)**

The Trust Health Visiting Team missed a New Born Blood Spot (NBBS) screening test, which should be obtained before the first birthday, on a patient who had recently moved into the area.

**Actions Taken:**

The Sheffield Health Visiting New Born Blood Spot Screening Protocol required specific guidance on when and how to escalate a blood spot test and outcome as an emergency when the target deadline is imminent. The protocol has been amended and additional staff training given.

* 1. **Sheffield Health and Social Care Trust (SHSCT)**

1. A patient under the care of the IAPT Service, died following a collision with a train at or near to a railway station.

**Actions Taken:**

* A Learning Event (“master class”) for all IAPT staff to look at the learning from all SIs, with a particular focus (but not exclusively so) on IAPT-related Sis.
* A senior manager from the SHSC IAPT Service met with a senior manager from the SHSC Substance Misuse Service to identify the most effective way to equip IAPT staff with the appropriate resources regarding local alcohol services and implement accordingly.
	1. **Sheffield Teaching Hospitals Foundation Trust (STHFT)**
1. Retained Throat pack following surgery. Although there was no permanent patient harm this event is classed as a Never Event.

**Actions Taken:**

* Changes in the management of the labelling of patients who have had throat packs inserted.
* The throat pack has been removed from all pre-prepared oral packs by the supplier – this will ensure that other surgery staff are aware when a pack has been used and will be entered on the board.
* Surgeons have been reminded and informed not to remove any item from the scrub practitioner’s workspace.
1. Blood Administered to Incorrect Patient with the same surname

**Actions Taken:**

* Patients with similar names are not placed within the same bay and where 2 patients on the same ward have similar names this is highlighted at handover to all members of the ward team.
* Ward observations and immediate feedback have been undertaken by the link nurse and specialist practitioners of transfusion.
* The importance of undertaking checks alongside the patient (and with the patient’s input where possible) is being emphasised at all training.
	1. **Independent Providers**

A post-operative patient whose treatment with ‘treatment dose’ of anticoagulant was delayed developed Deep Vein Thrombosis (DVT). The patient died of a pulmonary embolism 3 days later.

 **Actions Taken:**

* The surgical provider unit has implemented robust systems to ensure that prophylaxis will always be given where indicated by the surgery and / or patient risk factors.
* Guidelines about patients on rivaroxaban prophylaxis who present in A&E with symptoms of Venous Thromboembolism (VTE) have been produced and communicated.
* Awareness of ED staff about rivaroxaban, prophylactic doses and what to do in patient with suspected VTE who is already on rivaroxaban has been raised.
1. **Conclusion**
	1. **SCHFT**

Reported SI numbers remain small, but the Trust needs to work to ensure that they are logged in a timely manner and that investigation reports are received on time. Timeliness of responses to requests for information for closure or following review could be improved.

* 1. **SHSCT**

The Trusts commitment to address the backlog should show significant improvement in the timely receipt of investigation reports and in the responsiveness to SCCG report reviews. This should also positively impact on the number of ongoing incidents.

* 1. **STHFT**

Timeliness of initial logging is acceptable but could be further improved. Of the reports received all were within the deadline, though there is one overdue report.

There is some room for further improvement in the quality of reports.

* 1. **Independent Contractors / Providers** have a generally low incidence of SIs and we continue to work with them to ensure that there is a robust investigation and reporting following SI’s.
1. **Recommendations**

The Governing Body is asked to note the position for each Provider and to endorse the Quarter 1 report for 2014/15 and support the development of revised data reporting.

**Paper prepared by:**

 **Tony Moore, Senior Quality Manager**

**Tracey Robinson, Clinical Audit Assistant**

**On behalf of: Kevin Clifford, Chief Nurse - July 2014**

# Appendix 1



# Appendix 2

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