Serious Incidents Report Quarter 4 2016/17

Item 18h

Governing Body Meeting

25 May 2017

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Purpose of Paper

This paper is to provide an update on new SIs in Quarter 4 2016/17 for which the Governing Body has either a direct or a performance management responsibility.

Key Issues

Provider management of SIs is, in general satisfactory, though timelines of initial reports and 72 hour reports could improve. STHFT has logged three new Never Events in Quarter 4 and does not benchmark well against national Reporting and Learning systems data.

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by Governing Body

The Governing Body is asked to note the position for each provider and to endorse the Quarter 4 report for 2016/17.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?
The paper provides information required as part of the National Standard Contracting process and is an existing assurance against current controls.

Are there any Resource Implications (including Financial, Staffing etc)?

Nil

NHS
Sheffield
Clinical Commissioning Group

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1.0 Introduction and background

1.1 NHS Sheffield Clinical Commissioning Group (SCCG) has responsibility for the performance management of all Serious Incidents (SIs) reported by Providers. Procedures for this are based on the latest NHS England Serious Incident Framework (updated March 2015).

1.2 All NHS organisations use the Department of Health (DH) incident reporting module of the STEIS / UNIFY system to log and manage serious incidents. This is supplemented by a commercial database (DATIX), to keep track of progress on all SIs and to generate management and reporting information.

1.3 Every reported SI is individually performance managed to ensure that relevant reporting deadlines are being met and that the Provider has investigated and written the final investigation report in line with national guidance. In addition to the report there must be a comprehensive Provider action plan.

1.4 Each Provider has a set of quality indicators built into their contract and also a specific contract schedule, setting out both Provider and SCCG responsibilities for SI management. These are encapsulated within the data in this report.

1.5 Individual incidents and performance data are discussed regularly with Providers within informal meetings, and formally within Contract Quality Review meetings.

1.6 SCCG acts as the co-ordinating Commissioner for Specialised Commissioning SIs or those affecting patients from another CCG, providing a single management focus and point of contact for the Provider.

1.7 This report provides details on the performance of Providers together with incident trends and lessons learned. It provides an overview of the year. Individual Provider's performance data is seen in Appendix 1 and a summary position in Appendix 2.

2.0 Definition of a Serious Incident

In the updated definition, a Serious Incident is now defined as:
'Acts and / or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:

- Unexpected or avoidable death of one or more people. This includes
    - o suicide/self-inflicted death; and

- homicide by a person in receipt of mental health care within the recent past;

- Unexpected or avoidable injury to one or more people that has resulted in serious harm;

- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:
  - the death of the service user; or
  - serious harm;

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, incidents of abuse and an incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services may also constitute a SI.'

2.1 Some SIs have been identified by NHS England (NHS E) as 'Never Events'. NHS E publishes a list of 'Never Events' annually. The list comprises of 14 incident types.

There are financial penalties through the NHS E standard contract, should a Never Event occur.

3.0 Provider performance

3.1 Providers are contractually required to meet criteria in respect of timeliness of initially logging an incident within two working days. The NHSE SIF requires the submission of an initial review report within 3 working days (commonly referred to as 72 Hr reports) and a final investigation report and action plan within 60 working days, unless an extension is agreed.

3.2 The revised SCCG process for the review and quality grading of investigation reports is now well embedded. We have recently undertaken a major revision of the review framework, in consultation with the three local Foundation Trusts, to ensure coherence with the National SIF.

4.0 Sheffield Children's FT (SCHFT)

4.1 5 new incidents were reported by SCHFT in Q4. All 5 (100%) were reported within the 2 working day timescale. All 5 (100%) of the Initial Management Reports ('72Hr' report), were received within the agreed timeframe.

4.2 1 incident was closed and 1 incident was de-logged, leaving 8 incidents on-going at the end of Q4.

4.3 No reports were received in Q4 and no reports were reviewed.

4.4 No investigation reports were overdue at the end of Q4. 1 response to a RCA review was overdue.

4.5 Whilst no reports have been reviewed the year end position is that 64% of reports were graded good or excellent. Further improvement is hoped for during the forthcoming year.

4.6 Reporting data from the National Reporting and Learning System (NRLS), shows that for the year to September 16 (latest available data), the Trust has continued to increase its reporting rate (incidents per 1000 bed days) and is now the 4th best reporter of all specialist acute Trusts. It remains marginally slower at reporting to NRLS than the average (29 days for 50% of all incidents vs 26 days nationally) but this is not significantly concerning. The only notable issue is that compared to the peer group, the Trust has a higher level of types of incident noted as 'all other categories' (about 30% vs about 10%).

Overall the reporting culture is good.

5.0 Sheffield Health & Social Care FT (SHSCFT)

5.1 18 new incidents were reported in Q4. 15 (83%) were reported within the agreed timeframe.

5.2 1 incident was closed and 3 de-logged, leaving 30 on-going incidents at the end of Q4. This is an increase on Q3 but due to the increased number of reported incidents

5.3 16 of the 16 (100%) Initial Management Reports ('72Hr' reports) due in Q4 were received, 10 (62%) within the 72 hour timescale. This is an improvement on the previous three quarters

5.4 7 Investigation reports were received in Q4. 6 (86%) were received within the agreed timeframe. This is a marked improvement on the previous quarters where best performance had been 30%

5.5 6 investigation reports and action plans were reviewed in Q4. 2 reports were graded as "Good" and 4 as "Fair". 2 action plans were graded as "Good" and 4 as "Fair". That is less good performance than previously, but may be an anomaly rather than a trend.

5.6 There were 2 overdue review responses and no investigation reports were overdue by the end of Q4.

5.7 Reporting data from the National Reporting and Learning System (NRLS), shows that for the year to September 16 (latest available data), the Trust has continued to increase its reporting rate (incidents per 1000 bed days) and is now the 2nd best reporter of all Mental Health Trusts. Whilst the latest 6 month data shows a slight slowing in reporting compared to the previous 6 months (for 50 % of all incidents) the Trust remains better than the average.

Overall, the reporting culture of the Trust is good.

6.0 Sheffield Teaching Hospitals FT (STHFT)

6.1 13 new incidents were logged in Q4. 6 (46%) of these incidents were reported within the agreed timeframe. This is a deterioration compared to the previous three quarters

6.2 Of those logged in Q4, three were Never Events. 1 retained swab and two wrong site surgery.

6.3 12 SIs were closed and 1 de-logged in Q4 leaving 28 incidents on-going, which is unchanged from Q3.

6.4 10 of 12 (83%) Initial Management Reports received in Q4 were received within 72 hours. This represents a continued improvement.

6.5 9 investigation reports and action plans were received in Q4, 7 (78%) of which were received within the agreed deadline.

6.6 7 reports were reviewed in Q4. 5 (71%) of the reports were graded as “Good” and 2 (29%) were “Fair”. 1 (14%) action plans were graded as “Excellent” and 6 (86%) were “Fair”.

6.7 There was 1 overdue review response and 1 investigation reports at the end of Q4.

6.8 Reporting data from the National Reporting and Learning System (NRLS), shows that for the year to September 16 (latest available data), the Trust has slipped back from 22nd above the lowest quartile to 16th, with the reporting rate (incidents per 100 bed days) slightly lower as well.
The actual number of incidents reported in the last 6 month period was virtually unchanged from the previous at 9740 vs 9752. It is currently not possible to compare with peer performance as NHS improvement has not published the most recent comparative data.
In terms of speed of reporting of 50% of all incidents the trust is slower for the latest 6 months than the previous (58 days vs 41 days) and remains slower than the average (26 days). Given that the Trust is regularly uploading data to NRLS, this suggests that there is a problem with incident reporting at local level being confirmed on the local incident management system

Overall there is room for improvement in the reporting culture.

7.0 Independent Providers

7.1 The data is a composite from several providers. SCCG continues to work with each one as incidents arise to support and improve their performance and capability

7.2 1 new incident was logged in Q4 (a never event). It was reported within the agreed timescales. There are currently 3 on-going incidents at the end of Q4.

7.3 1 Initial Management Report was received in Q4, It was received within the 72 hour timescale.

7.4 3 investigation reports and action plans were received in Q4 and 3 were reviewed. 1 report was graded as “Good” 1 was “Fair” and 1 was “Weak”. All 3 (100%) of action plans were graded as “Weak”.

7.5 No investigation reports were overdue at the end of Q4.

8.0 Yorkshire Ambulance Service (YAS)

This reporting section reflects SIs reported by YAS which have affected Sheffield patients. Information will be provided routinely, but will not replicate the overall reporting on YAS incidents that occurred to patients in other areas, as these will be reported by the lead Commissioner for this service.

8.1 1 new incident was opened and no incidents were closed leaving 4 ongoing at the end of Q4.

8.2 1 report was received and no reports are overdue.

9.0 Incident trends

The most prevalent incident types by organisation for Q4 were:

SCHFT - No trend
SHSCFT- Apparent/actual/suspected self-inflicted harm meeting SI criteria
Medication incident meeting SI criteria
STHFT- Surgical/invasive procedure incident meeting SI criteria
Independent Contractors and Providers – No trend
YAS – No trend

10.0 Changes to practice following SIs

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 action has been taken and the investigation is closed, so will generally not relate to those reported in this quarter.

10.1 Sheffield Teaching Hospitals Foundation Trust (STHFT)

a. A patient who had completed BCG treatment for bladder cancer should have had check scans. There was an unplanned delay of 4 months in doing the scan and when the scan was done the patient was found to have extensive bladder cancer.

Actions taken:

- Scheduling of patients on planned lists is now subject to audit and monitoring.

- A Formal escalation procedure has been developed for patients who cannot be accommodated within the timeframe.
- A full review of the pathway has taken place.

Sheffield Health and Social Care Trust

a. A patient attempted to hang themselves from a bed curtain rail which should have collapsed, but did not do so. This is categorised as a Never Event. The patient was unharmed.

Actions taken:

- The Trust was able to confirm that the curtail rails were fitted, maintained and tested as per manufacturer's instruction. The rail was undamaged and unmodified. It was of an older friction release type.
- The trust has embarked on a full replacement program with newer technology, magnetic release rails.
- The process for ligation point assessment has been revised and is being integrated with the ligation point testing regime to provide a single source of data for other potential concerns.
- Wards are being provided with special low ligature rooms where higher assessed risk patients can be cared for.

Sheffield Children's Hospital Foundation Trust (SCHFT)

a) A limited post mortem was requested by the parents with consent for genetic testing only. A full post mortem was undertaken with tissue being taken. The Human Tissue Authority was notified of the incident.

Actions taken

- The current Autopsy Form Hospital (AFH) to be updated to include signatures from the Pathologist and APT identifying they have both read and understood the consent form prior to the post mortem.
- Use of the mortuary white board to include the type of post mortem that has been consented for. If 'limited' or there are specific instructions, then use of a red marker pen to highlight.
- A photograph will be taken of the white board information at each post mortem and retained with the records for audit purposes.
- Educational seminar for all staff, to include all relevant consultants, trainees and APTs to highlight the incident, lessons learned and recommendations made.
- Incident and issues surrounding consent discussed at the departmental HTA meeting.

11.0 Conclusion

11.1 SCHFT

Timeliness of reporting is now routinely good. There is still room for improvement in the quality of reports. National data supports the view that the reporting culture of the Trust is good.

11.2 SHSCT

Timelines of reporting and response to reviews is markedly improved and should continue to improve further. The dip in report quality will be closely monitored and improvement is expected.
National data supports the view that the reporting culture of the Trust is good.

11.3 STHFT

The timeliness of initial reporting within 2 working days still needs to improve. There is an improvement in initial management reporting timeliness and receipt of final investigation reports is generally timely. Report quality could improve.
National data suggests that there are issues with the timeliness of incident reporting at service level and that overall the Trust is not showing a trend to towards being amongst the best reporters. There have been three new Never Events in Q4

Independent Contractors / Providers

The data in this report is a composite of reports from several providers. SCCG continues to support and work with them to improve individual performance and capability.

12.0 Recommendations

The Governing Body is asked to note the position for each provider and to endorse the Quarter 4 report for 2016/17.

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On behalf of: Penny Brooks, Chief Nurse

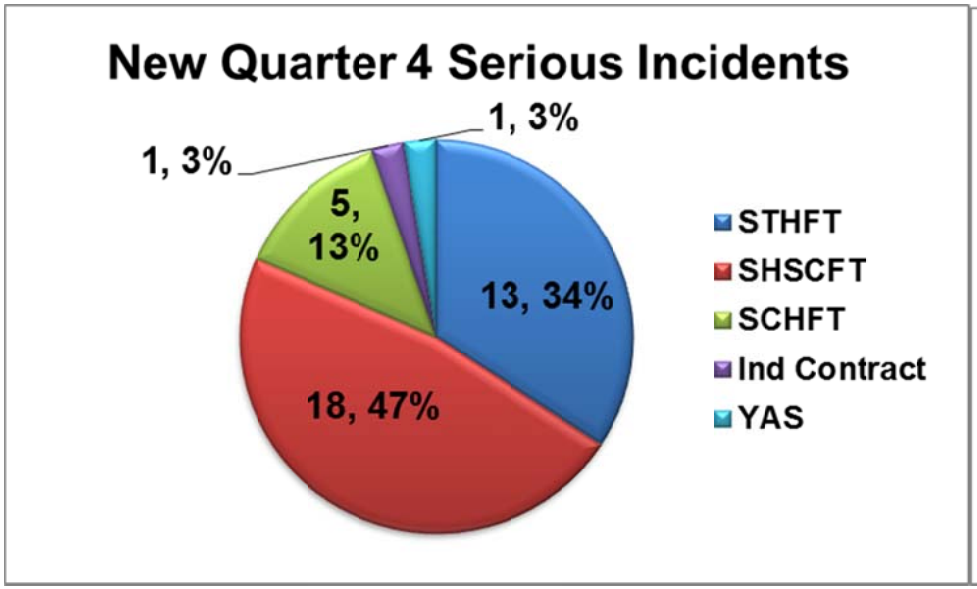
May 2017

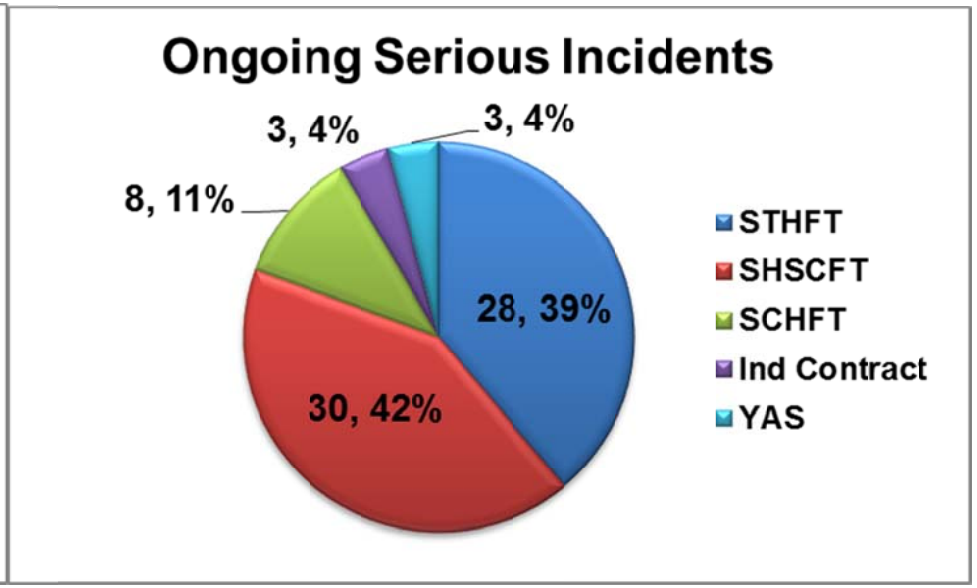
Appendix 1 Provider Performance

	SCHFT					SHSCFT					STHFT					IND Prov					YAS					2016/17 Totals				
OPEN	Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Year to date
No. of SUI's opened	0	4	1	5	10	6	14	6	18	44	11	10	10	13	44	0	0	3	1	4	0	2	1	1	2	17	30	21	38	106
Of these no. reported within agreed timescale	N/A	4	1	5	N/A	2	12	4	15	33	5	6	6	6	23	N/A	N/A	1	1	N/A	N/A	2	1	1	N/A	7	24	13	28	72
CLOSED																														
No. of SUI's Closed	7	3	0	1	11	1	5	6	1	13	16	5	5	12	38	2	0	0	1	3	0	1	0	1	2	26	14	11	16	67
No. of SUI's De-logged	1	0	2	1	4	7	7	9	3	26	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	8	7	11	5	31
TOTAL ONGOING AT END OF QUARTER	5	6	5	8	8	23	25	16	30	30	18	23	28	28	28	0	0	3	3	3	1	2	3	3	3	47	56	55	72	72
REPORTS AND ACTION PLANS RECEIVED IN QUARTER																											0	0	0	
Initial Management Report received within 72 Hours	N/A	1 of 4 25%	0 of 1 0%	5 of 5 100%	6 of 10 60%	3 of 6 50%	6 of 11 54%	3 of 6 50%	10 of 16 62%	22 of 39 61%	4 of 9 44%	7 of 11 64%	8 of 10 80%	10 of 12 83%	29 of 42 69%	N/A	N/A	3 of 3 100%	1 of 1 100%	4 of 4 100%	N/A	N/A	1 of 1 100%	0 of 1 0%	1 of 2 50%	7 of 15 47%	14 of 26 54%	15 of 21 71%	26 of 35 74%	62 of 97 64%
RCA Reports/Action plans received within 12 weeks*	N/A	N/A	4 of 4 100%	N/A	4 of 4 100%	0 of 1 0%	0 of 1 0%	3 of 10 30%	6 of 7 86%	9 of 19 47%	2 of 4 50%	10 of 10 100%	9 of 10 90%	7 of 9 78%	28 of 33 85%	1 of 1 100%	N/A	N/A	3 of 3 100%	4 of 4 100%	N/A	N/A	N/A	1 of 1 100%	1 of 1 100%	3 of 6 50%	10 of 11 91%	16 of 24 67%	17 of 20 85%	46 of 61 75%
Reports reviewed, graded as Good/Excellent	N/A	N/A	0 of 1 0%	N/A	0 of 1 0%	1 of 1 100%	N/A	3 of 5 60%	2 of 6 33%	6 of 12 50%	4 of 5 80%	6 of 9 67%	4 of 8 50%	5 of 7 57%	19 of 29 65%	0 of 1 0%	N/A	N/A	1 of 3 33%	1 of 4 25%	N/A	N/A	N/A	N/A	N/A	5 of 7 71%	6 of 9 67%	7 of 14 50%	8 of 16 50%	26 of 46 56%
REVIEW RESPONSES DUE IN QUARTER																														
Responses received within given timescale (20 working days)	1 of 6 17%	N/A	N/A	0 of 4 0%	1 of 10 10%	N/A	0 of 1 0%	3 of 3 100%	1 of 4 25%	4 of 8 50%	3 of 3 100%	3 of 8 37.5%	6 of 10 60%	2 of 8 25%	14 of 29 48%	N/A	N/A	N/A	2 of 2 100%	2 of 2 100%	N/A	N/A	N/A	N/A	N/A	4 of 9 44%	3 of 9 33%	9 of 13 69%	5 of 18 28%	21 of 49 43%

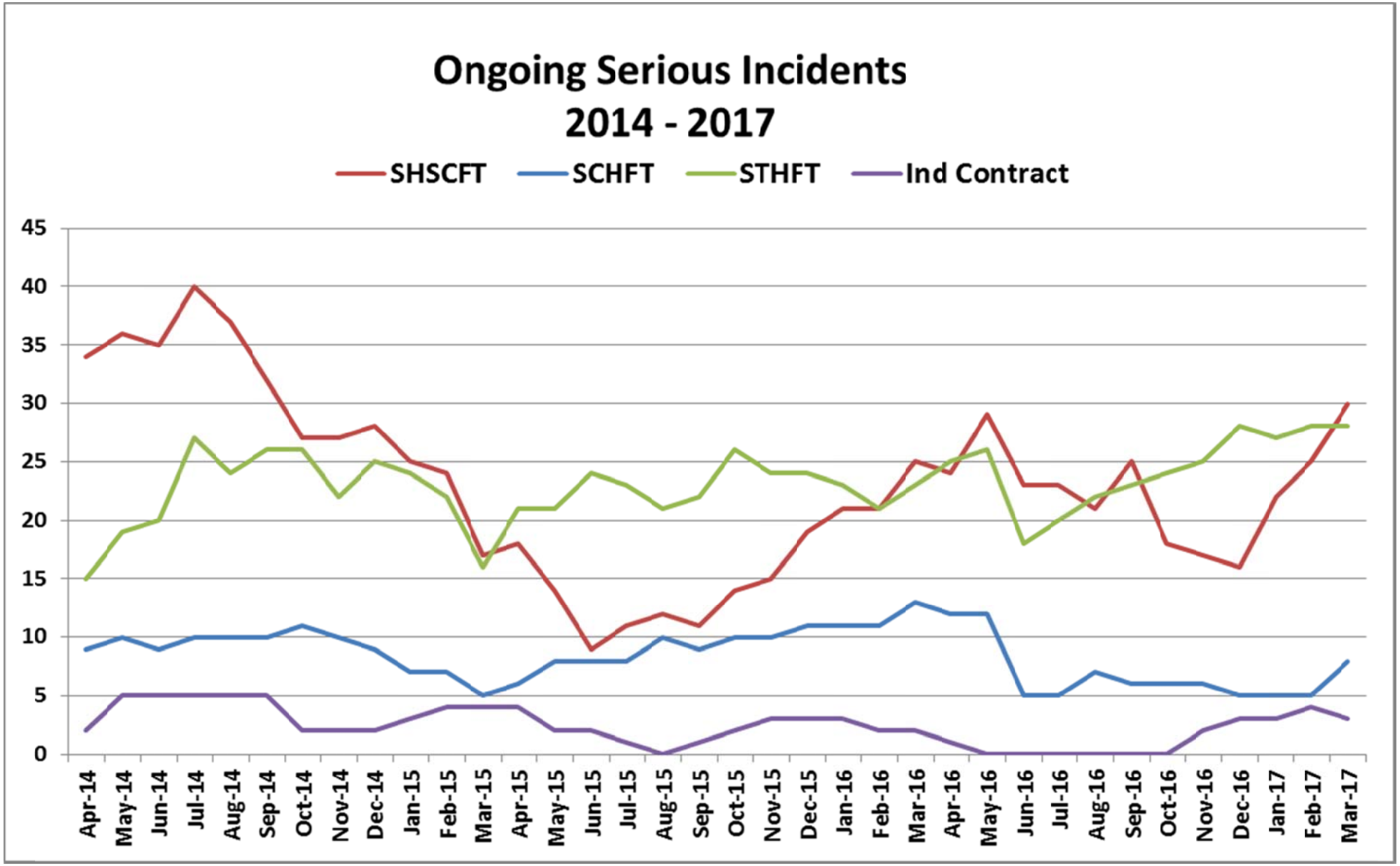
* Includes those within agreed extended timescale

Appendix 2


New Quarter 4 Serious Incidents
1, 3%
1, 3%
5, 13%
13, 34%
18, 47%
STHFT
SHSCFT
SCHFT
Ind Contract
YAS


Ongoing Serious Incidents
3, 4%
3, 4%
8, 11%
28, 39%
30, 42%
STHFT
SHSCFT
SCHFT
Ind Contract
YAS

Appendix 3


Ongoing Serious Incidents
2014 - 2017
SHSCFT
SCHFT
STHFT
Ind Contract
45
40
35
30
25
20
15
10
5
0
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
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