

Serious Incident Report Quarter 2 report

Governing Body meeting



7 November 2013

Author(s)/Presenter and title	Tony Moore, Senior Quality Manager
Sponsor	Kevin Clifford, Chief Nurse
Key messages	
<ul style="list-style-type: none"> 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 2 2013/14 for which the Governing Body has either a direct or a performance management responsibility. 	
Assurance Framework (AF)	
<p>Risk Reference Number: N/A</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? The paper provides information required as part of the National Standard contracting process and is existing assurance against current controls.</p> <p>Is this an existing or additional control (add control reference number): Existing - AF 2.1</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? No</p> <p>Which of the 9 Protected Characteristics does it have an impact on? SIs could potentially impact on all characteristics</p>	
Public and Patient Engagement	
None	
Recommendations	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> Note the position for each provider and to endorse the Quarter 2 report for 2013/14. Support the development of revised data reporting. 	



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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 Provider Serious Incidents (SIs). Procedures for this are based on the NHS England Serious Incident Framework (March 2013).
- 1.2 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.
- 1.3 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.
- 1.4 Each Provider has a set of quality indicators built into their contract, which also includes a specific schedule setting out their and our 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 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.

2.0 Definition of a Serious Incident

- 2.1 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.
- 2.2 Some SIs has been identified by the DH as 'Never Events'. The DH publishes a list of 'Never Events' annually and there are currently still 25. There are financial penalties through the DH standard contract, should such an 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 and in the provision of an investigation

report and action plan - within 12 weeks (60 working days), unless an extension is agreed.

4.0 Sheffield Children's FT (SCHFT)

- 4.1 No new incidents were reported by SCHFT in Q2.
- 4.2 No incidents were closed and no incidents were de-logged, leaving 8 incidents on-going at the end of Q2.
- 4.3 4 reports were received in Q2 and 4 reports were reviewed. 1 of the reports was graded as "Good" and 3 were "Fair". All 4 action plans were graded as "Fair".
- 4.4 Two investigation reports are overdue. One has been subject to ongoing police investigations, preventing an internal investigation from being completed. The other is nearing completion following a recent inquest.

5.0 Sheffield Health & Social Care FT (SHSCFT)

- 5.1 8 new incidents were reported in Q2. Of these, 4 (50%) were reported within the 2 working days timeframe.
- 5.2 5 investigation reports were reviewed in Q2, 1 (20%) of which were received within the 12 week deadline. Of these, 3 were graded as "Good" and 2 as "Fair".
- 5.3 7 incidents were closed in Q2 and 1 de-logged, leaving 52 on-going incidents at the end of Q2.
- 5.4 The continuing increase in numbers ongoing is due to delays in receiving responses to queries placed by SCCG following review of incident reports. We have agreed an abridged assurance process for 2012 incidents and a significant number of closures are anticipated before the end of Q3
- 5.5 We are awaiting investigation reports for 15 SIs which are now overdue. This has been raised formally with the Trust.

6.0 Sheffield Teaching Hospitals FT (STHFT)

- 6.1 10 new incidents were logged in Q2. 6 (60%) Of these incidents were reported within the 2 working days timeframe. 3 of these incidents are also classed as "Never Events".
- 6.2 An agreement has been made with the Trust to report SIs within 2 working days of the incident and for those requiring further confirmation, the Trust SUI group will review these and report any confirmed SI within 2 working days. This is in line with the scope of the NHS England SI reporting framework and should lead to improved initial reporting performance.
- 6.3 3 investigation reports were reviewed in Q2, of which, 2 (67%) were received within the 12 week deadline. 2 were graded as "Good" and 1 as "Fair".
- 6.4 10 SIs were closed during Q2 which leaves 17 incidents on-going at the end of Quarter 2.

6.5 No investigation reports are overdue.

7.0 Independent Contractors and Providers.

7.1 3 new incidents were logged in Q2.
1 - Patient Transport Services,
1 - Thornbury Hospital
1 - Claremont Hospital (reported outside the 2 working days timeframe).

7.2 No reports were reviewed in Q2 and no investigation reports are overdue.

7.3 1 incident was closed leaving 4 incidents on-going at the end of Q2.

8.0 Incident trends

8.1 The most prevalent incident types by organisation for Q2 were:

SHSCFT - Unexpected Death of Community Patient (In receipt)

STHFT - Hospital Equipment Failure, Surgical Error, Drug Incidents

Independent Providers – No trends

9.0 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 improvement to be made. These relate to incidents where the investigation is closed, so will generally not relate to those reported in this quarter.

9.1 Sheffield Children's Hospital Foundation Trust (SCHFT)

No incidents were closed in the Q2 period.

9.2 Sheffield Health and Social Care Trust (SHSCT)

- a. A service user was arrested and charged with the offence of Section 18 wounding, following an alleged stabbing incident of her partner resulting in hospitalisation.

Learning included:

- Comprehensive risk assessments are to be completed with and utilised by all internal agencies Trust wide. These should contain detailed strategies of risk management. These are to be completed with other agencies involved and the information shared.
- To utilise the third sector agencies to greater effect and incorporate their knowledge of service users into assessments.

- b. Substance Misuse service user was charged with the murder of another service user.

Learning included:

- Management plans relating to identified risks to others, will now consider the risk plan, highlighting the need for multi-professional assessment and collaborative working.

- Forensic assessment has been identified as important and staff teams will have systems in place to identify patients who may meet the criteria for assessment.
- Recognition of the emotional impact on staff when a client in their care is involved - as a victim or a perpetrator – in a serious incident, with a systematic process to helping and supporting him/her in the aftermath.

9.3 **Sheffield Teaching Hospitals Foundation Trust (STHFT)**

- a. Death of a patient following a fall:** A patient was admitted to hospital following two falls at home on the same day. The patient then had a fall on the ward which resulted in a fractured hip.

Learning included:

- At the time of this patient's fall the ward had become part of the Patient falls work being undertaken within Geriatric Medicine. The ward has introduced the falls incident form and is auditing compliance with the falls Care Bundle.
- The Trust has reviewed the risk assessment process and is developing a multifactorial falls risk assessment in line with NICE guidance.

- b. Assault on Community support worker:** A Community Support worker was on her way home after completing her shift and was violently assaulted. During the attack, her bag was stolen which contained patient details.

Learning identified:

The Care Group have developed the **Procedure for Protecting Patient Identifiable Information Whilst Working in the Community**. Each team/service has completed a risk assessment and introduced a process that supports the use of minimal recorded information. The Procedure is to be shared Trust wide, with Social Services and other partner agencies.

9.4 **Independent Contractors**

No incidents were closed in the Q2 period.

10.0 **Conclusion**

- 10.1 **SHSCT** have number of overdue reports in the quarter and although these are substantially to do with the Trust tightening its quality assurance process, we remain in active discussion about receipt of these backlog reports.

Whilst at the end of Q2 there has been progress on the number of ongoing incidents waiting for a response after review, there is now significant activity, which will reduce the number by the end of Q3.

- 10.2 **STHFT** have previously had an issue of timeliness of initial reporting within 2 working days. An agreement has been reached which should show improvement in this area. There continues to be improvement in the quality of reports.

- 10.3 **Independent contractors / Providers** have a generally low incidence of SIs and we have been working with them to ensure that there is a robust investigation and reporting following SI's.

11.0 Recommendations

11.1 The Governing Body is asked to:

- Note the position for each provider and to endorse the Quarter 2 report for 2013/14.
- 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

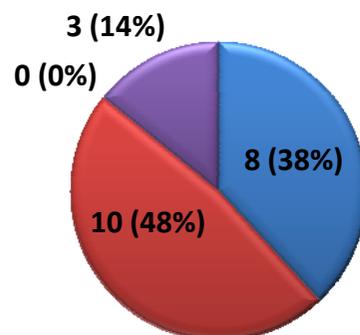
October 2013

Appendix 1

OPEN	2013/14														
	SCHFT			SHSCFT			STHFT			IND Prov			2013/14 Totals		
	Q1	Q2	Year to Date	Q1	Q2	Year to Date	Q1	Q2	Year to Date	Q1	Q2	Year to Date	Q1 Total	Q2 Total	Year to Date
No. of SUI's opened	4	0	4	9	8	17	4	10	14	1	3	4	18	21	39
Of these no. reported within timescale (within 2 working days)	1	N/A	1	8	4	12	1	6	7	0	2	2	10	12	22
CLOSED															
No. of SUI's Closed	1	0	1	2	7	9	6	10	16	1	1	2	10	18	28
No. of SUI's De-logged	1	0	1	1	1	2	1	0	1	0	0	0	3	1	4
TOTAL ONGOING AT END OF QUARTER	8	8	8	52	52	52	17	17	17	2	4	4	79	81	81
REPORTS AND ACTION PLANS RECEIVED															
% reports/action plans received within 12 weeks*	100%	75%		100%	0%		50%	83%		100%	N/A		88%	53%	
% reports reviewed graded as Good/Excellent	N/A	25%		80%	60%		50%	67%		0%	N/A		43%	51%	
% of reports reviewed in quarter, returned to provider requiring further information	N/A	100%		100%	100%		100%	67%		100%	N/A		100%	89%	
* Includes those within agreed extended timescale															

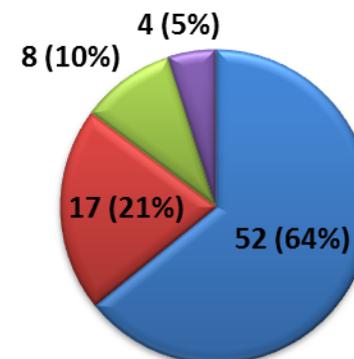
New Quarter 2 Serious Incidents

■ SHSCFT ■ STHFT ■ SCHFT ■ IND PROV



Ongoing Serious Incidents

■ SHSCFT ■ STHFT ■ SCHFT ■ IND PROV



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Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? No</p> <p>Which of the 9 Protected Characteristics does it have an impact on?</p> <p>SIs could potentially impact on all characteristics</p>	
Public and Patient Engagement	
Please list actions for PPE: None	
Recommendations	
<ul style="list-style-type: none"> The Governing Body is asked to note the new SIs for September 2013 for each organisation 	

Serious Incident Position for September 2013			
Organisation	Number of SIs Opened	Number of SIs Closed/De-logged	Total Ongoing
SCHFT	0	0	8
SHSCFT	5	1	52
STHFT	1	0	17
Independent Providers	2	1	4
SCCG (not including Safeguarding)	0	0	0
SCCG Safeguarding Children	0	0	1
SCCG Safeguarding Adults	0	0	0
Total SI's	8	2	82

New SIs opened September 2013			
STEIS number	Organisation	Date reported	Type of Incident
2013/25877	SHSCFT	05/09/13	Patient Abscond
2013/26601	SHSCFT	11/09/13	Unexpected Death of Inpatient (Not in receipt) (Logged in error and subsequently delogged)
2013/26730	SHSCFT	13/09/13	Attempted suicide by outpatient (In receipt)
2013/27604	SHSCFT	20/09/13	Attempted Suicide by inpatient (In receipt)
2013/27712	SHSCFT	23/09/13	Allegation against HC Professional (Assault)
2013/27622	STHFT	20/09/13	Drug Incident
2013/26687	Independent Provider (Patient Transport Services)	12/09/13	Patient Fall
2013/27034	Independent Provider (Aspen Claremont)	13/09/13	Surgical incident