

## Serious Incident Report Quarter 3 update

Governing Body meeting

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6 February 2014

Author(s)/Presenter and title	Tony Moore, Senior Quality Manager
Sponsor	Kevin Clifford, Chief Nurse
Key messages	
<ul style="list-style-type: none"> <li>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.</li> <li>This paper is to provide an update on new SIs in Quarter 3 2013/14 for which the Governing Body has either a direct or a performance management responsibility.</li> </ul>	
Assurance Framework (AF)	
<p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b></p> <p>The paper provides information required as part of the National Standard contracting process and is existing assurance against current controls.</p> <p><b>Is this an existing or additional control:</b></p> <p>Existing - AF 2.1</p>	
Equality/Diversity Impact	
<p><b>Has an equality impact assessment been undertaken?</b> No</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b></p> <p>SIs could potentially impact on all characteristics</p>	
Public and Patient Engagement	
Please list actions for PPE: None	
Recommendations	
<p>The Governing Body is asked to:</p> <ol style="list-style-type: none"> <li>Note the position for each provider and to endorse the Quarter 3 report for 2013/14.</li> <li>Support the development of revised data reporting.</li> </ol>	

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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 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 final investigation has used recognised Root Cause Analysis (RCA) techniques in line with national guidance. In addition to 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 SCCG acts as the co-ordinating commissioner for Specialised Commissioning SIs or another CCG, providing a single management focus and point of contact for the provider. This has the potential to occasionally introducing delays into the management process.
- 1.7 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.

#### 2.0 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 have been identified by NHS England (NHS E) as 'Never Events'. NHS E publishes a list of 'Never Events' annually and the list of 25 is unchanged for the forthcoming year. There are financial penalties through the NHS E 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 Six new incidents were reported by SCHFT in Q3. Only one (17%) of these incidents was reported within the two working days timeframe.

4.2 Two incidents were closed and no incidents were de-logged, leaving 12 incidents ongoing at the end of Q3.

4.3 No reports were received in Q3, but one report received in Q2 was reviewed. The report and action plan were graded as "Good".

4.4 One investigation report was overdue at the end of Q3. This has been subject to ongoing police investigations, preventing an internal investigation from being completed.

### **5.0 Sheffield Health and Social Care FT (SHSCFT)**

5.1 Six new incidents were reported in Q3. Of these, four (66%) were reported within the two working days timeframe.

5.2 Ten reports were received in Q3. Two (20%) were received within the 12 week deadline. This is an improvement on Q2 but the relatively low performance is partially caused by the number of overdue reports (see 5.5 below) and further improvement is required.

5.3 Seven investigation reports were reviewed in Q3. Six (86%) of the reports, were graded as "Good" and one (14%) as "Fair".

5.4 Fifteen incidents were closed in Q3, leaving 43 ongoing incidents at the end of Q3, which is an improvement from Q2.

5.5 We are awaiting investigation reports for 13 SIs which were overdue at the end of Q3. This has been raised with the trust with an agreement that these will be prioritised for action. Most of these are due to tightened quality assurance within the trust causing reports not to be approved for release to SCCG within the initially agreed timeframe.

5.6 Overall, there is an improving picture in the Trust getting to grips with legacy issues caused by severe staffing pressures in 2012/13. Further improvement is expected in Q4 in anticipation of a much better starting position for the 2014/15 contract year.

### **6.0 Sheffield Teaching Hospitals FT (STHFT)**

6.1 Five new incidents were logged in Q3. Four (80%) of these incidents were reported within the agreed timeframe.

- 6.2 Seven investigation reports and action plans were reviewed in Q3, all of which were received within the 12 week deadline. Six reports were graded as “Good” and one as “Fair” and five of the action plans were graded as “Good” and two as “Fair”.
- 6.3 Five SIs were closed during Q3 leaving 17 incidents ongoing at the end of Quarter 3. Of these, we are addressing outstanding information requirements to allow consideration of potential closure of those incidents where reports have already been reviewed.
- 6.4 No investigation reports are overdue.

## **7.0 Independent Contractors and Providers.**

- 7.1 No new incidents were logged in Q3.
- 7.2 One report was reviewed in Q3, both the report and action plan were graded as “Good”.
- 7.3 No investigation reports are overdue.
- 7.4 One incident was closed, leaving three incidents ongoing at the end of Q3.

## **8.0 Incident trends**

The most prevalent incident types by organisation for Q3 were:

- SCHFT** - No trends  
**SHSCFT** - Suicide, and Allegation against a Healthcare Professional  
**STHFT** - Communication Issue

## **9.0 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 the investigation is closed, so will generally not relate to those reported in this quarter.

### **9.1 Sheffield Children’s Hospital Foundation Trust (SCHFT)**

- a. A radiographer incorrectly carried out two CT scans resulting in a higher radiation dose than should have been delivered.

#### **Learning included:**

Updating of relevant scanning protocols and inclusion of reminder to only scan the patient once for both shoulders; one acquisition only.

The training package developed for the individual radiographer following the incident to be used for all newly qualified staff joining the department.

## 9.2 **Sheffield Health and Social Care Trust (SHSCT)**

- a. A Service user was found hanging by the visiting CPN

### **Learning included**

The Service User was referred to mental health services following deterioration in mood in the same month (April) of both 2012 and 2013.

Greater consideration should have been given to documenting that this was around the time 2 years ago that the Service User had lost her husband and also other family members and that this was a significant factor.

- b. A Service User, fell at in the dining area shared by Bungalows 1 & 2, and sustained a small laceration to the rear of her skull. The Emergency Care Practitioner (ECP) attended and provided treatment and no further symptoms were displayed and the service user remained at the home, receiving support from staff. The Service User's condition deteriorated suddenly, emergency services were called and she was subsequently admitted to the Royal Hallamshire Hospital where she died due to a subdural haematoma.

### **Learning included**

Observations should be recorded on appropriate documentation and an agreed person should do this at agreed time intervals. Care plans should be developed that are clear, concise and person centred with detailed management plans and record keeping reviewed. Staff should have been aware and encouraged to participate in the development of care plans. The role and function of Band 6 will be more clearly defined as the clinical lead. Staff will be attending a refresher on basic physical awareness to identify deterioration.

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

The following examples follow the Trust response to incidents of similar characteristics in three themes:

- a. The Trust is actively pursuing alternative methods for more reliable nasogastric tube insertion. A trial from one company on the stroke wards at the Royal Hallamshire Hospital has indicated that there is a system which is reliable.
- b. The roll out of the deteriorating pathway has continued with 30 wards now using the pathway; several wards are using a sticker and its efficacy audited against the pathway. All surgical, orthopaedic and cardiology wards are included with plans for a rapid roll out to the medical directorate and Hallamshire specialties in the near future. Discussion is underway regarding plans to include regular audit of deteriorating patients within the E-cat process.
- c. The falls group has developed a new falls risk assessment which is to be used as part of the Core Risk assessment document. This is a simpler form which enables the assessment to be quicker but also more accurate. This is to be rolled out into all areas in early 2014

## 9.4 **Independent Contractors and Providers**

A patient had been transferred from Taxi transport to a wheelchair, which rolled down a sloping pavement, tipped and the patient fell out, sustaining leg fractures.

### **Learning included**

Using data messages, text messages, e-mail, memos and verbal means ensure Drivers are alert to individual patient needs

Existing training package added to and enhanced

## 10.0 **Conclusion**

10.1 **SCHFT** has room for improvement with the timeliness of initial reporting of SIs. Overall SI numbers are too low to comment on other aspects of performance with confidence.

10.2 **SHSCT** has 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.

There has been improvement both in terms of proportion of reports received within 12 weeks and in the overall number still ongoing at the end of Q3. Further improvement is anticipated in Q4.

10.3 **STHFT** has previously had an issue of timeliness of initial reporting within two working days, which is now much improved. Timeliness of receipt of reports within 12 weeks is good. Information to allow consideration of incidents for closure is being pursued with the Trust and other Commissioners

10.4 **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.

## 11.0 **Recommendations**

The Governing Body is asked to note the position for each provider and to endorse the Quarter 3 report for 2013/14 and support the development of revised data reporting.

Paper prepared by Tony Moore, Senior Quality Manager and Tracey Robinson, Clinical Audit Assistant

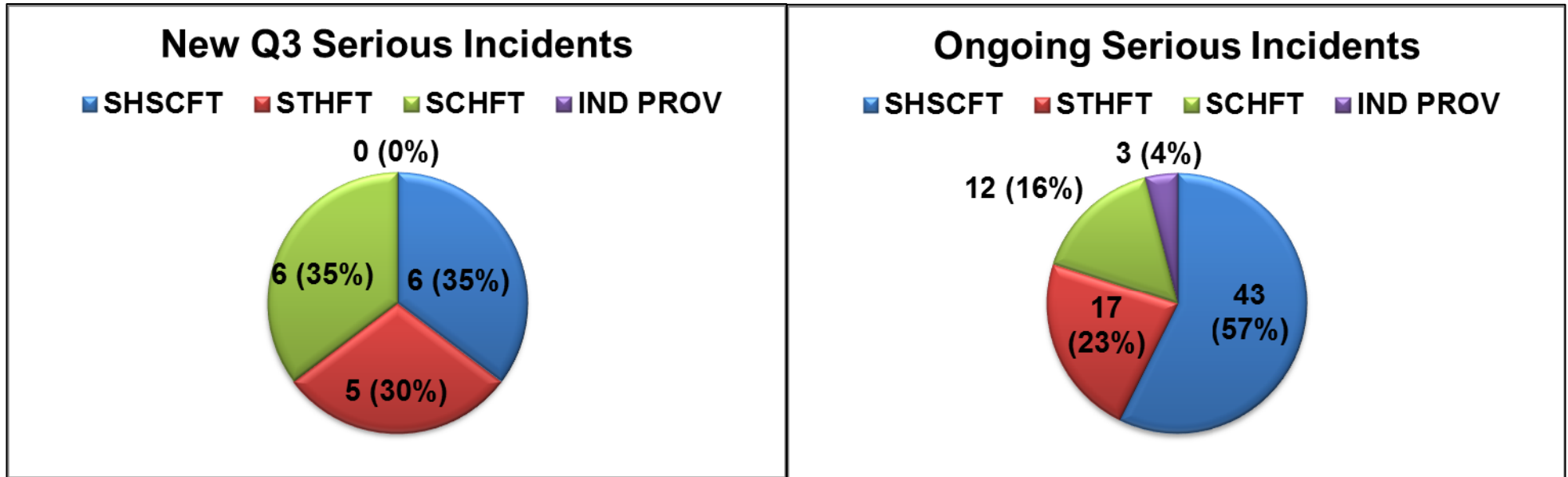
On behalf of Kevin Clifford, Chief Nurse

January 2014

Appendix 1

OPEN	2013/14																			
	SCHFT				SHSCFT				STHFT				IND Prov				2013/14 Totals			
	Q1	Q2	Q3	Year to Date	Q1	Q2	Q3	Year to Date	Q1	Q2	Q3	Year to Date	Q1	Q2	Q3	Year to Date	Q1 Total	Q2 Total	Q3 Total	Year to Date
<b>No. of SUI's opened</b>	4	0	6	10	9	8	6	23	4	10	5	19	1	3	0	4	18	21	17	56
<b>Of these no. reported within timescale (within 2</b>	1	N/A	1	2	8	4	4	16	1	6	4	11	0	2	N/A	2	10	12	9	31
<b>CLOSED</b>																				
<b>No. of SUI's Closed</b>	1	0	2	3	2	7	15	24	6	10	5	21	1	1	1	3	10	18	23	51
<b>No. of SUI's De-logged</b>	1	0	0	0	1	1	0	2	1	0	0	1	0	0	0	0	3	1	0	4
<b>TOTAL ONGOING AT END OF QUARTER</b>	8	8	12	12	52	52	43	43	17	17	17	17	2	4	3	3	79	81	75	75
<b>REPORTS AND ACTION PLANS RECEIVED</b>																				
<b>% reports/action plans received, within 12 weeks*</b>	100%	75%	N/A		100%	0%	20%		50%	83%	100%		100%	N/A	100%		88%	53%	73%	
<b>% reports reviewed, graded as Good/Excellent</b>	N/A	25%	100%		80%	60%	86%		50%	67%	86%		0%	N/A	33%		43%	51%	76%	
<b>% of reports reviewed in quarter, returned to provider requiring further information</b>	N/A	100%	100%		100%	100%	100%		100%	67%	100%		100%	N/A	100%		100%	89%	100%	
<b>* Includes those within agreed extended timescale</b>																				

Appendix 2





## Serious Incident Report December 2013 update

### Governing Body meeting

6 February 2014

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Key messages	
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Public and Patient Engagement	
Please list actions for PPE: None	
Recommendations	
<ul style="list-style-type: none"> <li>The Governing Body is asked to note the new SIs for December 2013 for each organisation</li> </ul>	

Serious Incident Position for December 2013			
Organisation	Number of SIs Opened	Number of SIs Closed/De-logged	Total Ongoing
SCHFT	1	0	12
SHSCFT	1	3	43
STHFT	3	1	17
Independent Providers	0	1	3
SCCG (not including Safeguarding)	0	0	0
SCCG Safeguarding Children	0	0	1
SCCG Safeguarding Adults	0	0	0
<b>Total SI's</b>	<b>5</b>	<b>5</b>	<b>76</b>

New SIs opened December 2013			
STEIS number	Organisation	Date reported	Type of Incident
2013/37298	SCHFT	18/12/13	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)
2013/37156	SHSCFT	17/12/13	Suicide by Outpatient (In receipt)
2013/35530	STHFT	02/12/13	Radiology/Scanning Incident
2013/35553	STHFT	02/12/13	Drug Incident (Insulin)
2013/37035	STHFT	17/12/13	Patient fall