

## Serious Incident Report Quarter 2 Update

Governing Body meeting

Item 10e

6 November 2014

<b>Author(s)</b>	Tony Moore, Senior Quality Manager
<b>Sponsor</b>	Kevin Clifford, Chief Nurse
<b>Is your report for Approval / Consideration / Noting</b>	
<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 2 2014/15 for which the Governing Body has either a direct or a performance management responsibility.</li> </ul>	
<b>Are there any Resource Implications (including Financial, Staffing etc.)?</b>	
Nil	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<i>Which of the CCG's objectives does this paper support?</i>	
2.1 The paper provides information required as part of the National Standard Contracting process and is an existing assurance against current controls.	
<b><u>Equality impact assessment</u></b>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No	
<i>If not, why not?</i> N/A	
<b><u>PPE Activity</u></b>	
<i>How does your paper support involving patients, carers and the public?</i> N/A	
<b>Recommendations</b>	
The Governing Body is asked to note the position for each provider and to endorse the Quarter 2 report for 2014/15.	

## **Serious Incident Report Quarter 2 2014/15**

### **Governing Body meeting**

**6 November 2014**

#### **1.0 Introduction & 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 both 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 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.
- 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 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.

### **3.0 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** 1 new incident was reported by SCHFT in Q2. This was reported within the 2 working days timeframe.

**4.2** No incidents were closed and no incidents were de-logged, leaving 10 incidents on-going at the end of Q2.

**4.3** 1 report was received in Q2 and this was overdue. 2 reports were reviewed. 1 report was graded as "Good" and 1 as "Fair". 1 action plan was graded as 'Fair' and 1 action plan was graded as "Weak".

**4.4** 6 investigation reports are overdue at the end of Q2. An agreement has been reached on the issue of the Trust delaying submission of final reports where an inquest is to be held. There has been a delay in implementation of this by the Trust.

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

**5.1** 6 new incidents were reported in Q2. 4 (67%) of these, were reported within the 2 working days timeframe.

**5.2** 8 reports were received in Q2. 2 (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 still required.

**5.3** 7 investigation reports were reviewed in Q2. 4 (57%) of the reports, were graded as "Good", 2 (28.6%) as "Fair" and 1 (14.3%) as "Weak". 2 action plans were graded a "Good", 3 as "Fair" , 1 as "Weak" and 1 did not include an action plan. We are awaiting Trust responses to 1 previously reviewed report.

**5.4** 9 incidents were closed in Q2, leaving 32 on-going incidents at the end of Q2.

**5.5** 15 investigation reports are overdue at the end of Q2.

**5.6** There has now been considerable effort made to provide required information to allow the closure of a significant number of incidents in Q3

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

- 6.1** 12 new incidents were logged in Q2. One was classed as a Never Event (retained swab). All of these incidents were reported within the agreed timeframe.
- 6.2** 10 investigation reports and action plans were received in Q2, 8 (80%) of which were received within the agreed deadline.
- 6.3** 9 reports were reviewed within the quarter. 6 (67%) of the reports were graded as "Good" and 3 (33%) as "Fair". 2 (22%) of the action plans were graded as "Excellent", 7 (78%) were graded as "Good".
- 6.4** 5 SIs were closed during Q2 and 1 de-logged leaving 26 incidents on-going. SCCG is awaiting required information to allow consideration of closure for about 10 incidents.
- 6.5** No investigation reports are overdue.

## **7.0 Independent Providers**

- 7.1** No new incidents were logged in Q2.
- 7.2** 4 reports were received and no reports were reviewed in Q2. No reports are overdue.
- 7.3** No incidents were closed, leaving 5 incidents on-going at the end of Q2.

## **8.0 Incident trends**

The most prevalent incident types by organisation for Q2 were:

**SCHFT** - No trends

**SHSCFT** - Suicide (or attempted) by Outpatient

**STHFT** - Pressure Ulcers and Surgical Error

**Independent Contractors and 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 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)**

No closed incidents therefore no confirmed actions taken in Q2

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

- a.** A service user suffered severe burns after seizing a cigarette lighter from the ward office and setting light to her clothing.

**Actions Taken:**

The trust is reviewing its policy on allowing combustible vapour lighters to be available for patient use. In a wider context, the Trust is reviewing its policy on allowing smoking at all.

- b. A service user committed suicide at home. Whilst the method of suicide was not medicines related, there had been issues with prescribing in primary and secondary care and in medicines allergy record keeping.

**Actions taken**

Review of the process of communication of discharge medication to the GP, linked to the work on e-discharge and the use of the electronic system to map Pharmacy computer system (JAC) information directly into discharge summaries without transcribing

Reminder to all nursing and medical staff that it is a requirement to ask about allergies and record this on admission summaries and also the JAC system

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

- a. Three patients with the same rybotype of C. Difficile have been identified on the same ward. All patients were nursed in same bay area.

**Actions taken**

Barrier precautions in place.

Enhanced cleaning initiated

High ICP Team presence.

All infection control accreditation audits completed on weekly rather than monthly basis

- b. Patient death following a deceased donor kidney transplant. The possibility of internal bleeding was not properly investigated during the deterioration of the patient.

**Actions taken**

All renal nursing staff have undertaken further training on the deteriorating patient care pathway

Doctors have been educated that CT scans should be requested in preference to ultrasound scan if suspected bleeding. A new “deteriorating transplant patient” protocol includes this.

**9.4 Independent Providers**

No closed incidents therefore no confirmed actions taken in Q2

## **10.0 Conclusion**

### **10.1 SCHFT**

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

### **10.2 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 will also positively impact on the number of ongoing incidents.

### **10.3 STHFT**

Timeliness of initial logging is acceptable and timeliness of STHFT response following review by the CCG, would positively impact on the number of ongoing incidents by enabling closure.

**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 2 report for 2014/15 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

October 2014

## Appendix 1

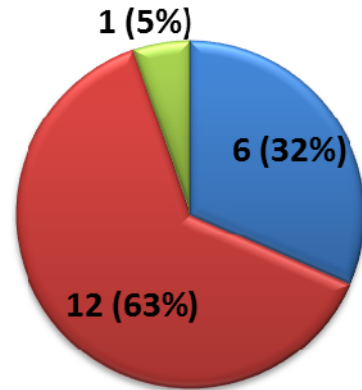
		2014/15														
		SCHFT			SHSCFT			STHFT			IND Prov			2014/15 Totals		
OPEN		Q1	Q2	Year to Date	Q1	Q2	Year to Date	Q1	Q2	Year to Date	Q1	Q2	Year to Date	Q1 Total	Q2 Total	Year to Date
<b>No. of SUI's opened</b>		2	1	3	8	6	14	10	12	22	4	0	4	24	19	43
<b>Of these no. reported within agreed timescale</b>		1	1	2	6	4	10	8	12	20	2	N/A	2	17	17	34
<b>CLOSED</b>																
<b>No. of SUI's Closed</b>		1	0	1	8	9	17	6	5	11	1	0	1	16	14	30
<b>No. of SUI's De-logged</b>		0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
<b>TOTAL ONGOING AT END OF QUARTER</b>		9	10	10	35	32	32	20	26	26	5	5	5	69	73	73
<b>REPORTS AND ACTION PLANS RECEIVED</b>		1	1	2	4	8	12	6	10	16	0	4	4	11	22	33
<b>% reports/action plans received, within 12 weeks*</b>		0 of 1 0%	0 of 1 0%	0 of 2 0%	1 of 4 25%	2 of 8 25%	3 of 12 25%	6 of 100 6%	8 of 10 80%	14 of 16 87.5%	N/A	3 of 4 75%	3 of 4 75%	7 of 11 64%	12 of 22 55%	20 of 34 59%
<b>% reports reviewed, graded as Good/Excellent</b>		1 of 2 50%	1 of 2 50%	2 of 4 50%	2 of 100 2%	4 of 7 57%	6 of 9 67%	7 of 9 78%	6 of 9 67%	13 of 18 72%	N/A	N/A	N/A	10 of 13 77%	11 of 18 61%	21 of 31 68%
<b>% of reports reviewed in quarter, returned to provider requiring further information</b>		1 of 2 50%	2 of 100 2%	3 of 4 75%	2 of 100 2%	6 of 7 86%	8 of 9 89%	6 of 9 67%	8 of 9 89%	14 of 18 78%	N/A	N/A	N/A	9 of 13 69%	16 of 18 89%	25 of 31 81%

\* Includes those within agreed extended timescale

Appendix 2

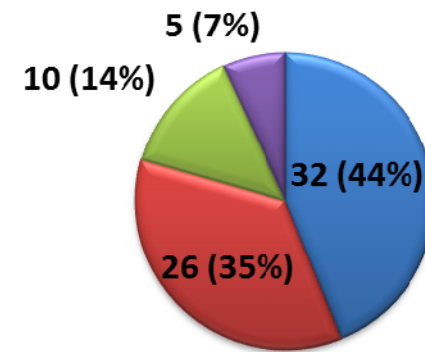
**New Quarter 2 Serious Incidents**

■ SHSCFT ■ STHFT ■ SCHFT ■ IND PROV



**Ongoing Serious Incident**

■ SHSCFT ■ STHFT ■ SCHFT ■ IND PROV





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<p><b><u>CCG Objectives</u></b></p> <p><i>Which of the CCG's objectives does this paper support?</i>          The paper provides information required as part of the National Standard contracting process and is existing assurance against current controls.</p>	
<b><u>Equality impact assessment</u></b>	
<p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No</p> <p><i>If not, why not?</i> N/A</p>	
<b><u>PPE Activity</u></b>	
<p><i>How does your paper support involving patients, carers and the public?</i> N/A</p>	
<b>Recommendations</b>	
<p>The Governing Body is asked to note the new SIs reported in September 2014 for each organisation.</p>	

<b>Serious Incident Position for September 2014</b>			
<b>Organisation</b>	<b>Number of SIs Opened</b>	<b>Number of SIs Closed/De-logged</b>	<b>Total Ongoing</b>
SCHFT	0	0	10
SHSCFT	1	6	32
STHFT	5	3	26
Independent Providers	0	0	5
SCCG (not including Safeguarding)	0	0	1
SCCG Safeguarding Children	0	0	0
SCCG Safeguarding Adults	0	0	0
<b>Total SI's</b>	<b>6</b>	<b>9</b>	<b>74</b>

<b>New SIs opened September 2014</b>			
<b>STEIS number</b>	<b>Organisation</b>	<b>Date reported</b>	<b>Type of Incident</b>
2014/31478	SHSCFT	26/09/14	Allegation against HC non-Professional
2014/28509	STHFT	02/09/14	Retained throat pack (Never Event)
2014/29871	STHFT	16/09/14	Confidential Information Leak
2014/29856	STHFT	16/09/14	Outpatient appointment delays
2014/31830	STHFT	30/09/14	Delay in prescribing and drug administration
2014/31831	STHFT	30/09/14	Pressure Ulcer grade 3