

Serious Incident Report Quarter 2 2015/16

Item 14e

Governing Body Meeting**5 November 2015**

Author(s)	Tony Moore, Senior Quality Manager
Sponsor	Kevin Clifford, Chief Nurse
Is your report for Approval / Consideration / Noting	
<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 2015/16 for which the Governing Body has either a direct or a performance management responsibility. 	
Are there any Resource Implications (including Financial, Staffing etc.)?	
Nil	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG's objectives does this paper support?</i></p> <p>2.1 The paper provides information required as part of the National Standard Contracting process and is an existing assurance against current controls.</p>	
<p><u>Equality impact assessment</u></p> <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>	
<p><u>PPE Activity</u></p> <p><i>How does your paper support involving patients, carers and the public?</i> N/A</p>	
Recommendations	
The Governing Body is asked to note the overall year end position and that for each provider and to endorse the Quarter 2 report for 2015/16.	

Serious Incident Report Quarter 2 2015/16

Governing Body

5 November 2015

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 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 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 SI's 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. Individual Provider's performance data is seen in Appendix 1. From this report onwards some further graphics showing trends in performance will begin to be provided.

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
 - 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 and the previous list of 25 for the 14/15 year, has now been reduced to 14.

This is as a result of some incident types being compiled and some being removed, as it was decided that the strength of the nationally set barriers was insufficient to prevent further occurrence.

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 provision of an initial review report within 72 hours 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, with small adjustments being made in the light of experience in use.
- 3.3 There is work ongoing in which we are involved, with the national patient safety team to help ensure that the national quality review process is robust and fit for purpose. Our process may need to change to fully align with the national requirements in due course

4.0 Sheffield Children's FT (SCHFT)

- 4.1 6 new incidents were reported by SCHFT in Q2. All 6 (100%) of these were reported within the 2 working days timeframe. 1 of the incidents reported is a "Never Event".
- 4.2 3 incidents were closed and 2 delogged, leaving 9 incidents on-going at the end of Q2.

- 4.3 4 reports were received in Q2. All 4 (100%) of which were within the agreed deadline.
- 4.4 2 reports were reviewed. Both reports were graded as “Good”. Both action plans were graded as “Fair”.
- 4.5 No investigation reports are overdue at the end of Q2.
- 4.6 National reporting and learning system (NRLS) report. The latest NRLS release was on 23rd September '15 for the period October 14 – end March '15. The Trust had previously experienced technical issues with the interface between the local incident management system and NRLS. The Trust had been advised that these were resolved, but this has proven not to be the case. NRLS data for this period is therefore unreliable. NRLS has given further confirmation that the issue is now resolved.

5.0 Sheffield Health & Social Care FT (SHSCFT)

- 5.1 6 new incidents were reported in Q2. 5 (83%) were reported within the 2 working days timeframe.
- 5.2 4 incidents were closed and no incidents were de-logged, leaving 11 on-going incidents at the end of Q2.
- 5.3 1 report was received in Q2 which was not received within the agreed deadline.
- 5.4 No investigation reports were reviewed in Q2. There is just one overdue review response.
- 5.5 3 investigation reports are overdue at the end of Q2. We are continuing to press the Trust to provide the overdue reports without further delay.
- 5.6 National reporting and learning system (NRLS) report. The latest NRLS release was on 23rd September '15 for the period October 14 – end March '15. The previous data issues within NRLS (incorrect denominator data for the ratio of reported incidents per 100 bed days), have been resolved. The Trust rank 6th best in that ratio, is confirmed as reporting routinely each month and has a slightly shorter lag time for 50% of incidents being reported to NRLS (25 days vs 26 days for NRLS overall). This confirms that the Trust is a good reporter and is at least as efficient as the NRLS average for recording incidents on the local incident management system and uploading to NRLS.

6.0 Sheffield Teaching Hospitals FT (STHFT)

- 6.1 5 new incidents were logged in Q2. 3 (60%) of these incidents were reported within the agreed timeframe.
- 6.2 7 SIs were closed in Q2 leaving 22 incidents on-going. There is room for further improvement in the responsiveness to queries following review, which would allow more timely closure of more incidents.

- 6.3 14 investigation reports and action plans were received in Q2, 7 (50%) of which were received within the agreed deadline.
- 6.4 12 reports and action plans were reviewed within the quarter. 9 (75%) of the reports were graded as “Good” and 2 (17%) were “Fair” and 1 (8%) “Weak”. 8 (67%) action plans were graded as “Good”, 3 (25%) was “Fair” and 1 (8%) “Weak”.
- 6.5 5 investigation reports were overdue at the end of Q2.
- 6.6 National reporting and learning system (NRLS) report. The latest NRLS release was on 23rd September '15 for the period October 14 – end March '15.

The Trust reporting ratio places them 15th from the bottom, which is an improvement since the March 15 report when they were 9th. 7,903 incidents were reported in this 6 month period, which shows a continued improvement in actual incident numbers reported compared to the previous two reports.

The lag time for 50% of incidents to be reported to NRLS remains at 46 days (vs 26 days for NRLS in both the March and September 15 releases). Given that there is regular monthly reporting during the period, this suggests a lag in the trust systems for recording onto the local incident management system.

7.0 Independent Providers

- 7.1 1 new incident was logged in Q2. This was reported within the agreed timeframe.
- 7.2 2 incidents were closed, leaving 1 incident on-going at the end of Q2.
- 7.3 No reports were received and no reports were reviewed in Q2. No reports are overdue.
- 7.4 No NRLS reports are available for these providers.

8.0 Yorkshire Ambulance Service (YAS)

This is a new reporting section and 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 No new incidents were opened in Q2. No incidents were closed leaving 1 ongoing at the end of Q2.
- 8.2 1 report was received and reviewed. Graded as “Good”. No reports are overdue.

9.0 Incident trends

The most prevalent incident types by organisation for Q2 were:

SCHFT - Accident (not slip/trip/fall) meeting SI criteria

SHSCFT- Apparent/actual/suspected self-inflicted harm meeting SI criteria

STHFT- Medication incident meeting SI criteria

Independent Contractors and Providers - No trend

YAS – No trend

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

10.1 Sheffield Children's Hospital Foundation Trust (SCHFT)

- a. A baby presented with high bilirubin. There were delays in initiating sufficiently intensive treatments with ongoing serious consequences for the baby.

Actions taken:

- There are now clinical guidelines to clarify how, by whom and where exchange transfusions are performed and who should be informed of the procedure required
- Nurse Educators have compiled a refresher training package for staff with regards to 'rare occurrences' including the an exchange transfusion procedure and use of a blood warmer
- Staff awareness has been increased that babies up to 11 days of age not an in-patient of SCH should be sent to Jessops Rapid Access Clinic if presenting with jaundice/high bilirubin

10.2 Sheffield Health and Social Care Trust (SHSCT)

- a. A post-natal patient self-harmed

Actions taken:

- A system is established to ensure that all cancelled appointments by third parties are discussed with clinical staff.
- Perinatal Mental Health Service to educate and inform referrers of their services and the referral process.
- Review of the duty team/triage process within the West CMHT to ensure referrals are triaged in a timely manner.

10.3 Sheffield Teaching Hospitals Foundation Trust (STHFT)

- a. The wrong endoscopic procedure was performed due to the misidentification of a patient however there was no physical harm to the patient.

Actions taken:

- Further work will be undertaken to embed the Safer Endoscopy Checklist into practice.
- Further guidance and training will be provided for the Medical and Nursing staff involved in this incident, and all staff who work within the unit.
- The Endoscopy Suite will purchase a Loop System and use this when Patients who are hard of hearing, and use a hearing aid attend the department.

11.0 Conclusion

11.1 SCHFT

Reported SI numbers remain small, but the incidents were initially logged and investigation reports were received on time. Report quality has been good.

11.2 SHSCT

The number of incidents still ongoing has risen slightly, but this is not significantly concerning at this stage. There are now 3 overdue reports. SCCG is continuing to press for the overdue reports and responses to be addressed.

11.3 STHFT

The number of ongoing incidents has decreased from 24 to 22. Focus needs to be given to timely responses to review queries raised by SCCG and submitting reports within timeframes. There are currently 5 overdue reports. We are also continuing to work with STH to ensure that action plans are robust.

11.4 Independent Contractors / Providers

There is generally low incidence of SIs and we continue to work with them to ensure that there is robust investigation and reporting following SI's.

12.0 Recommendations

The Governing Body is asked to note the quarterly position for each provider and to endorse the Quarter 2 report for 2015/16.

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

On behalf of Kevin Clifford, Chief Nurse
October 2015

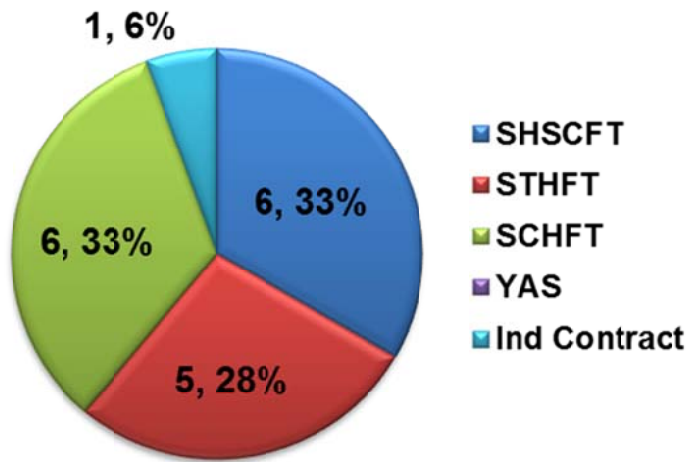
Appendix 1

		2015/16																	
OPEN		SCHFT			SHSCFT			STHFT			IND Prov			YAS			2014/15 Totals		
		Q1	Q2	Year to date	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	6	10	1	6	7	16	5	21	0	1	1	1	0	1	22	18	40
Of these no. reported within agreed timescale		4	6	10	1	4	5	14	3	17	N/A	1	1	1	0	1	20	14	34
CLOSED							0												
No. of SUI's Closed		1	3	4	9	4	13	8	7	15	2	2	4	0	0	0	20	16	36
No. of SUI's De-logged		0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
TOTAL ONGOING AT END OF QUARTER		8	9	9	9	11	11	24	22	22	2	1	1	1	1	1	44	44	44
REPORTS AND ACTION PLANS RECEIVED		2	4	6	7	1	8	6	14	20	1	0	1	0	1	1	16	20	36
Reports/Action plans received, within 12 weeks*		2 of 2 100%	4 of 4 100%	6 of 6 100%	1 of 7 14%	0 of 1 0%	1 of 8 12.5%	4 of 6 67%	7 of 14 50%	11 of 20 55%	0 of 1 0%	N/A	0 of 1 0%	N/A	1 of 1 100%	1 of 1 100%	7 of 16 44%	12 of 20 60%	19 of 36 53%
Reports reviewed, graded as Good/Excellent		3 of 3 100%	2 of 2 100%	5 of 5 100%	7 of 9 78%	N/A	7 of 9 78%	3 of 8 37.5%	9 of 12 75%	12 of 12 100%	0 of 1 0%	N/A	0 of 1 0%	N/A	1 of 1 100%	1 of 1 100%	11 of 19 58%	12 of 15 80%	23 of 34 68%
Responses to reviews due in Quarter received within given timescale (20 working days)		1 of 1 100%	2 of 4 50%	3 of 5 60%	3 of 8 37.5%	N/A	3 of 8 37.5%	2 of 8 25%	2 of 10 20%	4 of 18 22%	N/A	N/A	N/A	N/A	0 of 1 0%	0 of 1 0%	6 of 17 35%	4 of 15 27%	10 of 32 31%

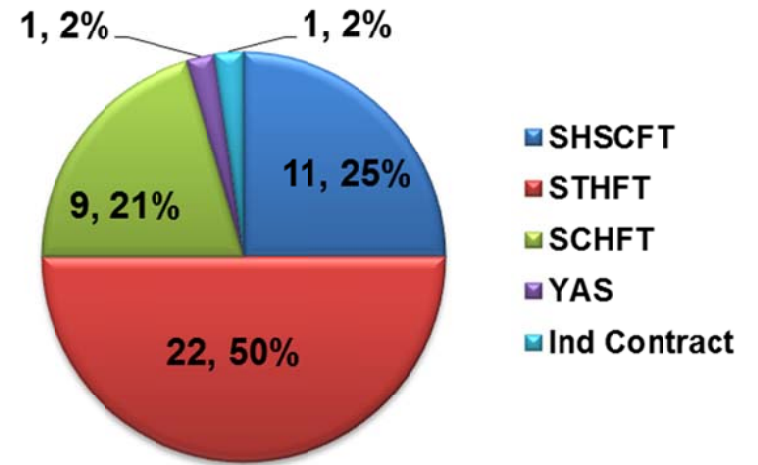
* Includes those within agreed extended timescale

Appendix 2

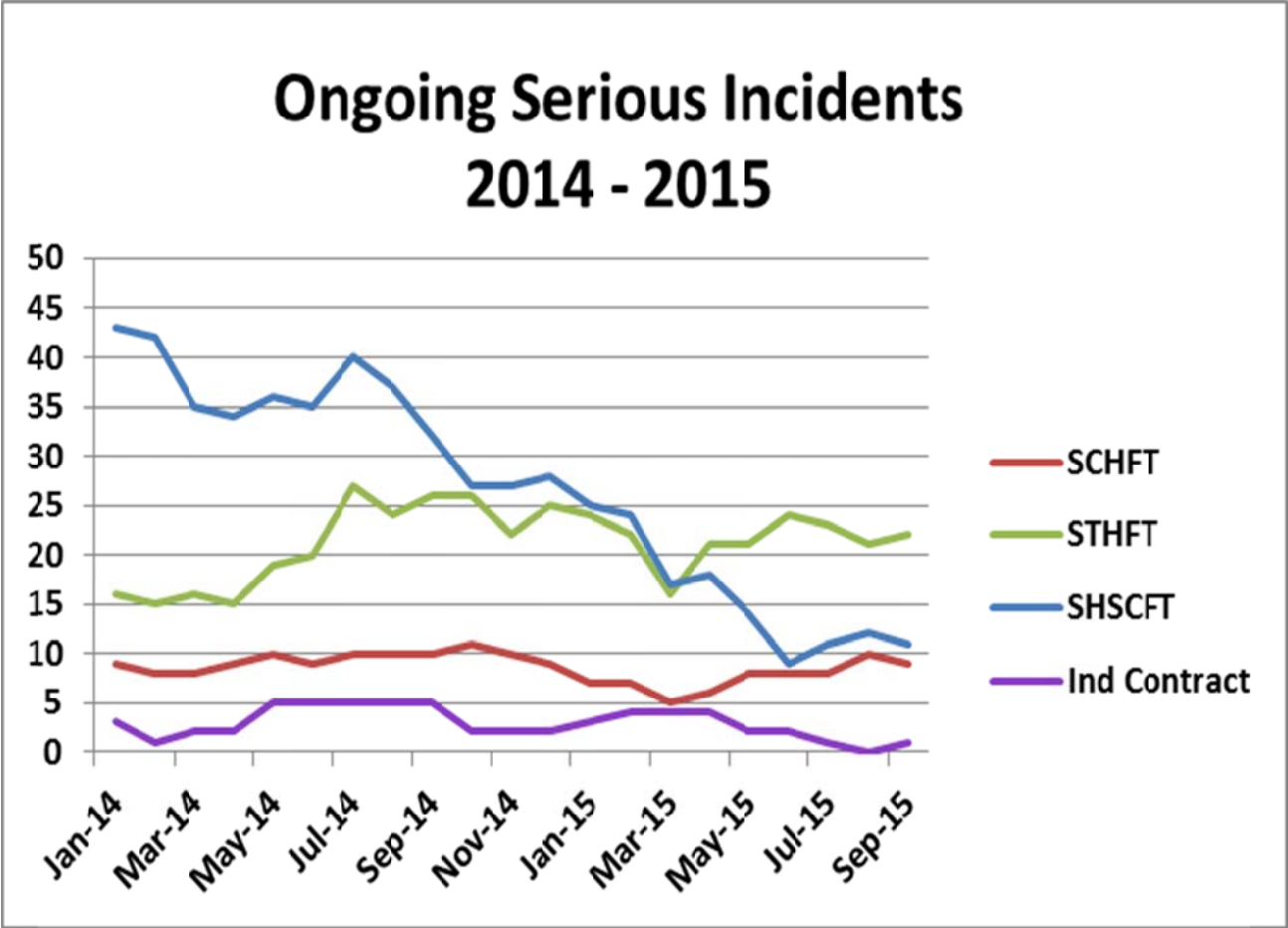
New Quarter 2 Serious Incidents



Ongoing Serious Incidents



Appendix 3



Serious Incident Report

Governing Body meeting

5 November 2015

Author(s)	Tony Moore, Senior Quality Manager
Sponsor	Kevin Clifford, Chief Nurse
Is your report for Approval / Consideration / Noting	
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Audit Requirement	
<p><u>CCG Objectives</u></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>	
<u>Equality impact assessment</u>	
<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>	
<u>PPE Activity</u>	
<p><i>How does your paper support involving patients, carers and the public?</i> N/A</p>	
Recommendations	
<p>The Governing Body is asked to note the new SIs reported in September 2015 for each organisation.</p>	

Serious Incident Position for September 2015			
Organisation	Number of SIs Opened	Number of SIs Closed/De-logged	Total Ongoing
SCHFT	0	1	9
SHSCFT	1	2	11
STHFT	2	1	22
Independent Providers	1	0	1
YAS	0	0	1
SCCG (not including Safeguarding)	0	0	0
SCCG Safeguarding Children	0	0	0
SCCG Safeguarding Adults	0	0	0
Total SI's	4	4	44

New SIs opened September 2015			
STEIS number	Organisation	Date reported	Type of Incident
2015/28821	SHSCFT	02/09/15	Treatment delay meeting SI criteria
2015/29871	STHFT	14/09/15	Surgical/invasive procedure incident meeting SI criteria
2015/31307	STHFT	30/09/15	Maternity/Obstetric incident meeting SI criteria: baby only
2015/29876	Independent Provider	15/09/15	Surgical/invasive procedure incident meeting SI criteria