Serious Incident Report Quarter 1 2015/16

Item 13d

Governing Body meeting

3 September 2015

Author(s)	Tony Moore, Senior Quality Manager
Sponsor	Kevin Clifford, Chief Nurse

Is your report for Approval / Consideration / Noting

- 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 1 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

CCG Objectives

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

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? No

If not, why not? N/A

PPE Activity

How does your paper support involving patients, carers and the public? N/A

Recommendations

The Governing Body is asked to note the overall year end position and that for each provider and to endorse the Quarter 1 report for 2015/16.

NHS
Sheffield
Clinical Commissioning Group

Serious Incident Report Quarter 1 2015/16

Governing Body meeting

3 September 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.

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 4 new incidents were reported by SCHFT in Q1. All 4 (100%) of these were reported within the 2 working days timeframe.

4.2 1 incident was closed, leaving 8 incidents on-going at the end of Q1.

4.3 2 reports were received in Q1. Both (100%) of which were within the agreed deadline.

4.4 3 reports were reviewed. 1 report was graded as “Excellent”, 2 were “Good”. 1 action plan was graded as “Good”, 1 was “Fair” and 1 was “Weak”.

4.5 No investigation reports are overdue at the end of Q1.

5.0 Sheffield Health & Social Care FT (SHSCFT)

5.1 1 new incident was reported in Q1. This was reported within the 2 working days timeframe.

5.2 9 incidents were closed and no incidents were de-logged in Q1, leaving 9 on-going incidents at the end of Q1, which is a continued improvement from 2014/15 Q4 when 17 were ongoing.

5.3 7 reports were received in Q1, of which 1 (14%) was received within the agreed deadline. These late reports were all previously known overdue reports and so the backlog of these overdue reports is also reducing.

5.4 9 investigation reports were reviewed in Q1. 2 (22%) were graded as “Excellent”, 5 (56%) were graded as “Good” and 2 (22%) were “Fair”.

5.5 6 (67%) of the action plans was graded a “Good” and 2 (22%) as “Fair” and 1 (11%) as “Weak”. The reasons for the weak and fair results have been discussed with the Trust and suggestions for improvement made. These have already started to be addressed.

5.6 2 investigation reports are overdue at the end of Q1. We are pressing the Trust to provide the overdue reports without further delay.
In addition, 1 is delayed due to other external investigation processes which must complete before the internal investigation can be completed.

6.0 Sheffield Teaching Hospitals FT (STHFT)

6.1 16 new incidents were logged in Q1. 14 (87.5%) of these incidents were reported within the agreed timeframe.

6.2 8 SIs were closed in Q1 leaving 24 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 6 investigation reports and action plans were received in Q1, 4 (67%) of which were received within the agreed deadline.

6.4 8 reports and action plans were reviewed within the quarter. 3 (37.5%) of the reports were graded as “Good” and 5 (62.5%) were “Fair”. 1 (12.5%) action plan was graded as “Excellent”, 5 (62.5%) were graded as “Good”, 2 (25%) was “Fair”.

6.5 2 investigation reports were overdue at the end of Q1.

7.0 Independent Providers

7.1 No new incidents were logged in Q1.

7.2 2 incidents were closed, leaving 2 incidents on-going at the end of Q1.

7.3 1 report was received and 1 report was reviewed in Q1. The report was graded as "Fair and the action plan as "Weak". 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 1 new incident was opened in Q1.

9.0 Incident trends

The most prevalent incident types by organisation for Q1 were:

SCHFT - Wrong Site Surgery
SHSCFT- No trend
STHFT- Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
Communication Issue
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 baby had been seen in the emergency department with possible bronchiolitis. The Parents were Roma Slovak and had little understanding of English. The patient was discharged in line with current guidance, but was found dead the next morning at home. The Coroner found that unsafe sleeping practices were implicated in the sudden death.

Actions taken
A significant project is a underway in SCH to provide audio files in the Roma Slovak language (which is an unwritten language) to help ensure that parents do understand the information being given to them.

10.2 Sheffield Health and Social Care Trust (SHSCT)

a. A patient under the care of substance misuse service was found dead at home. The Coroner determined the cause to be due to an overdose of alcohol and prescription medicines.

Actions Taken:

- Training has been given to substance misuse staff in the recognition of the effects of previous sexual abuse and post-traumatic stress and in the recognition of personality disorder which may be masked by substance misuse
- The timeliness of psychiatric access and assessment services has been improved and the professional makeup of their MDT meetings has been reviewed.

b. A patient under the Substance Misuse Service jumped from a bridge, sustaining serious injuries

Actions taken:

- A more robust and well managed system for monitoring of care planning and risk assessment needs has been developed within the Substance Misuse Services

- Community pharmacies have been reminded of the importance of notifying prescribing services in a timely manner, if service users fail to collect prescribed medications.

- A formalised robust system of notifying the Substance Misuse Service when the Street Triage Team has had contact with service users has been developed

10.3 Sheffield Teaching Hospitals Foundation Trust (STHFT)

a. A telephone call was received from a patient stating she visited the antenatal clinic and after returning home, she discovered within her handheld records a document containing confidential clinical information relating to another patient.

Actions taken:

- Clear procedures, training and supervision have been developed and delivered to ensure only one electronic and one paper copy exist of documents and faxes received into the Specialist Midwifery Team.

- Robust SOPs are being developed for the management of clinical information through the clinic journey, specifically hospital records and handheld records, to reduce the opportunity for information loss. These will ensure:

- Hospital medical records are all accounted for and not left unattended on the surfaces in the Antenatal Clinic.

- The number of hospital medical records in use at a single time is reduced to avoid the opportunity for cross contamination.

- Women to remain in possession of their handheld records during their journey through clinic.

b. A patient with multiple trauma was transferred to theatre. The anaesthetist packed the throat to stop the possibility of tube migration during surgery. The pack was inserted and not visible. After surgery the patient returned to GITU where the throat pack was discovered when the ETT was being secured. The throat pack was removed and the patient was unharmed.

Actions taken:

- All throat packs to be removed from the anaesthetic rooms and placed under the control of the scrub practitioner, included in the surgical count and recorded on the swab board.
- The Safer Surgical Check list has been reviewed to include a question about insertion and removal of throat pack.

10.4 Independent Providers

a. A patient had a nerve root block administered on the right side opposed to the left side following a request by their consultant made from memory as he did not have the patient record when he had last seen the patient and when he sent the email with the request to the administration staff.

Actions taken:

- Further training for individual surgeons on use of Patient management system.
- Upgrade of patient management system to allow surgeons to send alerts to the administration team of new appointments/changes in clinical plan from Dictaphone/mobile.

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 was good.

11.2 SHSCT

The number of incident still ongoing has further reduced from 17 at Q4 to 9.
The number of overdue reports has also reduced, but receipt of some of these is reflected in the low rate of receipt of reports within 12 weeks in this quarter. There are now only 2 overdue reports. Overall this reflects a further improving situation for this Provider.

11.3 STHFT

The number of ongoing incidents has risen from 16 to 24 as 16 new incidents were opened and 8 were closed. Focus needs to be maintained on the timeliness of initial logging. There is a welcome improvement in the quality of reports. Timely responses to review queries are becoming more frequent and this will allow more incidents to be considered for closure in Q2.

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 1 report for 2015/16.

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

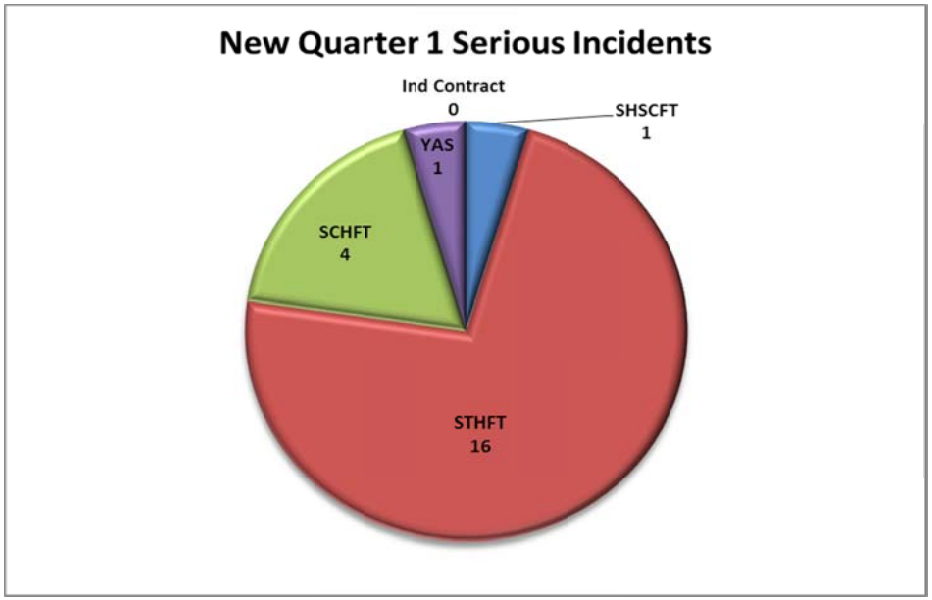
On behalf of Kevin Clifford, Chief Nurse

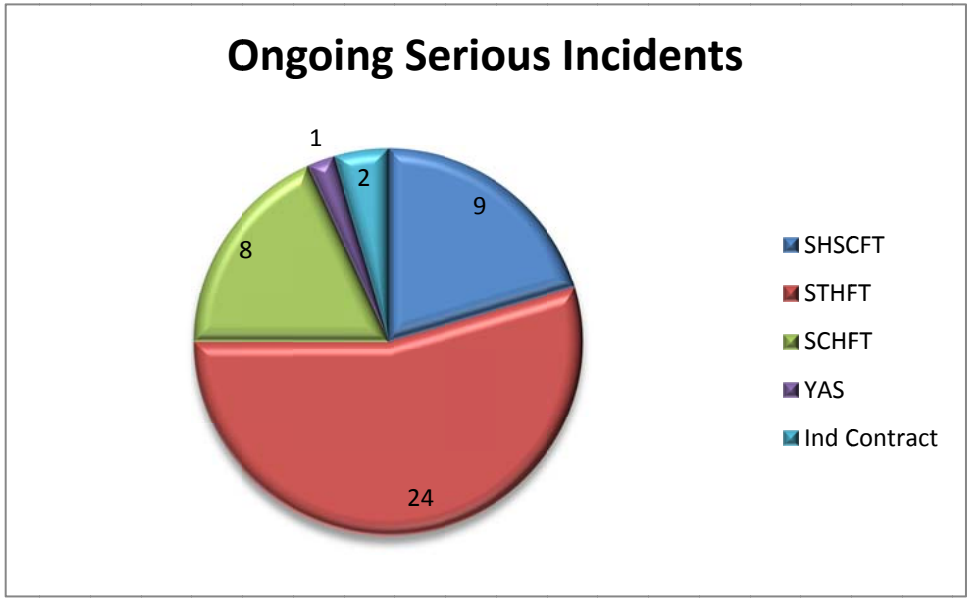
August 2015

Appendix 1

		2015/16											
OPEN		**SCHFT**		**SHSCFT**		**STHFT**		**IND Prov**		**YAS**		**2014/15**	
		Q1	**Year to date**	**Q1**	**Year to date**	**Q1**	**Year to date**	**Q1**	**Year to date**	**Q1**	**Year to date**	**Q1 Total**	**Year to date**
No. of SUI's opened		4	4	1	1	16	16	0	0	1	1	22	22
Of these no. reported within agreed timescale		4	4	1	1	14	14	N/A	N/A			19	19
CLOSED													
No. of SUI's Closed		1	1	9	9	8	8	2	2			20	20
No. of SUI's De-logged		0	0	0	0	0	0	0	0			0	0
TOTAL ONGOING AT END OF QUARTER		8	8	9	9	24	24	2	2	1	1	44	44
REPORTS AND ACTION PLANS RECEIVED		2	2	7	7	6	6	1	1			16	16
% reports/action plans received, within 12 weeks*		2 of 2 100%	2 of 2 100%	1 of 7 14%	1 of 7 14%	4 of 6 67%	4 of 6 67%	0 of 1 0%	0 of 1 0%			7 of 16 44%	7 of 16 44%
% reports reviewed, graded as Good/Excellent		3 of 3 100%	3 of 3 100%	7 of 9 78%	7 of 9 78%	3 of 8 37.5 %	3 of 8 37.5 %	0 of 1 0%	0 of 1 0%			11 of 19 58%	11 of 19 58%
% of reports reviewed in quarter, returned to provider requiring further information		2 of 3 67%	2 of 3 67%	5 of 9 56%	5 of 9 56%	7 of 8 87.5 %	7 of 8 87.5 %	1 of 1 100%	1 of 1 100%			14 of 19 73.7 %	14 of 19 73.7 %
* Includes those within agreed extended timescale													

Appendix 2


New Quarter 1 Serious Incidents
Ind Contract
0
SHSCFT
1
YAS
1
SCHFT
4
STHFT
16


Ongoing Serious Incidents
1
2
9
8
24
SHSCFT
STHFT
SCHFT
YAS
Ind Contract

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Serious Incident Report June and July 2015

Governing Body meeting

3 September 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

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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 existing assurance against current controls.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? No

If not, why not? N/A

PPE Activity

How does your paper support involving patients, carers and the public? N/A

Recommendations

The Governing Body is asked to note the new SIs reported in June and July 2015 for each organisation.

Serious Incident Position for June and July 2015					
Organisation	**Number of SIs Opened in June**	**Number of Sis Opened in July**	**Number of SIs Closed/De-logged in June**	**Number of Sis Closed/Delogged in July**	**Total Ongoing**
SCHFT	0	2	0	2	8
SHSCFT	0	4	5	2	11
STHFT	7	0	4	1	23
Independent Providers	0	0	0	1	1
SCCG (not including Safeguarding)	0	0	0	0	0
SCCG Safeguarding Children	0	0	0	0	0
SCCG Safeguarding Adults	0	0	0	0	0
Total SI's	**7**	**6**	**9**	**6**	**43**

New SIs opened June and July 2015			
STEIS number	**Organisation**	**Date reported**	**Type of Incident**
2015/22531	SCHFT	01/07/15	Treatment delay meeting SI criteria
2015/24992	SCHFT	24/07/15	Misplaced naso or oro-gastric tubes **(Never Event)**
2015/22909	SHSCFT	06/07/15	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2015/23362	SHSCFT	09/07/15	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2015/24418	SHSCFT	20/07/15	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2015/25461	SHSCFT	29/07/15	Abuse/alleged abuse of adult patient by staff
2015/19153	STHFT	02/06/15	Confidential information leak/information governance breach
2015/19166	STHFT	02/06/15	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2015/19177	STHFT	02/06/15	Slips/Trips and Falls
2015/20667	STHFT	15/06/15	Medication incident meeting SI criteria
2015/20724	STHFT	15/06/15	Sub-optimal care of the deteriorating patient meeting SI criteria
2015/21516	STHFT	22/06/15	Surgical/invasive procedure incident meeting SI criteria
2015/22427	STHFT	30/06/15	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)