

## Serious Incident Report

Item 22d

Governing Body meeting

6 October 2016

<b>Author(s)</b>	Tony Moore, Senior Quality Manager
<b>Sponsor</b>	Penny Brooks, Chief Nurse
<b>Is your report for Approval / Consideration / Noting</b>	
<ul style="list-style-type: none"> <li>• Sheffield CCG 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 Serious Incidents (SIs) in June and July 2016 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>	
<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>	
<p><b><u>Equality impact assessment</u></b></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><b><u>PPE Activity</u></b></p> <p><i>How does your paper support involving patients, carers and the public?</i> N/A</p>	
<b>Recommendations</b>	
The Governing Body is asked to note the new SIs reported in June, July and August 2016 for each organisation.	

Serious Incident Position for June, July and August 2016							
Organisation	Number of SIs Opened June	Number of SIs Opened July	Number of SIs Opened August	Number of SIs Closed/ De-logged June	Number of SIs Closed/ De-logged July	Number of SIs Closed/ De-logged August	Total Ongoing
SCHFT	0	1	2	7	1	0	7
SHSCFT	0	5	1	6	5	3	21
STHFT	5	3	2	13	1	0	22
Independent Providers	0	0	0	0	0	0	0
YAS	0	0	1	0	1	0	1
SCCG (not including Safeguarding)	0	0	0	0	0	0	0
SCCG Safeguarding Children	0	0	0	0	0	0	0
SCCG Safeguarding Adults	0	0	0	0	0	0	0
<b>Total SI's</b>	<b>5</b>	<b>9</b>	<b>6</b>	<b>26</b>	<b>8</b>	<b>3</b>	<b>51</b>

New SIs opened June 2016			
STEIS number	Organisation	Date reported	Type of Incident
2016/16184	STHFT	15/06/16	Pressure ulcer meeting SI criteria
2016/16195	STHFT	15/06/16	Sub-optimal care of the deteriorating patient meeting SI criteria
2016/16716	STHFT	21/06/16	Screening issues meeting SI criteria
2016/17282	STHFT	27/06/16	Confidential information leak/information governance breach meeting SI criteria
2016/17517	STHFT	29/06/16	Pressure ulcer meeting SI criteria

**New SIs opened July 2016**

<b>STEIS number</b>	<b>Organisation</b>	<b>Date reported</b>	<b>Type of Incident</b>
2016/20288	SCHFT	29/07/16	Pending Review
2016/17857	SHSCFT	04/07/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/17867	SHSCFT	04/07/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/18346	SHSCFT	08/07/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/18904	SHSCFT	14/07/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/19988	SHSCFT	26/07/16	Disruptive/ aggressive/ violent behaviour meeting SI criteria
2016/19179	STHFT	18/07/16	Slips/trips/falls meeting SI criteria
2016/19252	STHFT	18/07/16	Medication incident meeting SI criteria
2016/19721	STHFT	22/07/16	Adverse media coverage or public concern about the organisation or the wider NHS

**New SIs opened August 2016**

<b>STEIS number</b>	<b>Organisation</b>	<b>Date reported</b>	<b>Type of Incident</b>
2016/22583	SCHFT	24/08/16	Treatment Delay meeting SI criteria
2016/22596	SCHFT	24/08/16	Treatment Delay meeting SI criteria
2016/22899	SHSCFT	26/08/16	Pending Review
2016/20532	STHFT	02/08/16	Slips/trips/falls meeting SI criteria
2016/21268	STHFT	09/08/16	Surgical/invasive procedure incident meeting SI criteria
2016/20692	YAS	03/08/16	Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria



## Serious Incident Report Quarter 1 2016/17

### Governing Body Meeting

6 October 2016

<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 1 2016/17 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>	
<p><b><u>CCG Objectives</u></b></p> <p><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.</p>	
<p><b><u>Equality impact assessment</u></b></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><b><u>PPE Activity</u></b></p> <p><i>How does your paper support involving patients, carers and the public?</i> N/A</p>	
<b>Recommendations</b>	
The Governing Body is asked to note the position for each provider and to endorse the Quarter 1 report for 2016/17.	

## **Serious Incident Report Quarter 1 2016/17**

**Governing Body**

**6 October 2016**

### **1.0 Introduction & 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 1A and a summary position in Appendix 1B.

### **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. The list comprises of 14 incident types.

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 NHSE SIF requires the submission of an initial review report within 3 working days (commonly referred to as 72 Hr reports) 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. We have recently undertaken a major revision of the review framework, in consultation with the three local Foundation Trusts, to ensure coherence with the National SIF.
- 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. This and the usual annual SIF update are delayed due to the creation of the Healthcare Safety Investigation Branch (HSIB) which will set the standard for investigations and reports throughout the NHS.

### **4.0 Sheffield Children's FT (SCHFT)**

- 4.1 No new incidents were reported by SCHFT in Q1.
- 4.2 7 incidents were closed and 1 delogged leaving 5 incidents on-going at the end of Q1.
- 4.3 No reports were received in Q1.

4.4 1 report and action plan was reviewed in Q1. The report was graded as “Excellent” and the action plan was graded as “Good”.

4.5 1 investigation report was overdue at the end of Q1.

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

5.1 6 new incidents were reported in Q1. 2 (33%) were reported within the 2 working days timeframe. 3 of 6 ‘72Hr’ reports were received.

5.2 1 incident was closed and 7 delogged, leaving 23 on-going incidents at the end of Q1. This marginal improvement is largely due to the number of de-logged incidents which were agreed as not meeting SI reporting criteria.

5.3 3 of 6 (50%) Initial Management Reports received in Q1 were received within 72 hours.

5.4 1 report was received in Q1. It was not received within the agreed timeframe.

5.5 1 investigation report was reviewed in Q1. Both the report and action plan was graded as “Good”. There are 4 overdue review responses.

5.6 7 investigation reports were overdue at the end of Q1 and 6 overdue responses to reviews undertaken. We are continuing to press the Trust to provide the overdue reports & responses without further delay.

5.6 SHSCT has undergone an external review of its SI management processes and has completed the piloting of a new approach to screening and identification of incidents. The new incident screening process is now in use and is a model of good practice, which when fully embedded; we hope will be shared with others. The initial reporting delays should no longer be affected by the pilot from Q2.

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

6.1 11 new incidents were logged in Q1. 5 (45%) of these incidents were reported within the agreed timeframe.

6.2 16 SIs were closed in Q1 leaving 18 incidents on-going. There is room for further improvement in the responsiveness to queries following review, which would allow more timely closure of these incidents. Discussion has been held with STH regarding how this can be expedited resulting in an improved more timely process.

6.3 4 of 9 (44%) Initial Management Reports received in Q1 were received within 72 hours.

6.4 4 investigation reports and action plans were received in Q1, 2 (50%) of which were received within the agreed deadline.



6.5 5 reports and action plans were reviewed within the quarter. 1 (20%) of the reports was graded as “Excellent”, 3 were “Good” and 1 was “Fair”. 2 (20%) action plan were graded as “Excellent”, 3 were graded as “Good” and 1 was “Fair”. There is 1 overdue review responses.

6.6 No 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 no incidents on-going at the end of Q1.

7.3 1 report was received and reviewed in Q1; the report was graded as “Fair” and the action plan as “Fair”. No reports were overdue at the end of Q1.

7.4 There is no NRLS comparable data as incidents reported in this sector are very low nationally.

## **8.0 Yorkshire Ambulance Service (YAS)**

This reporting section 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 Q1 and no incidents were closed leaving 1 ongoing at the end of Q1.

8.2 No reports were received and no reports are overdue.

## **9.0 Incident trends**

The most prevalent incident types by organisation for Q1 were:

**SCHFT** - No trend

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

**STHFT**- Pressure Ulcer 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 Teaching Hospitals Foundation Trust (STHFT)

- a. On discharge a patient was given the discharge medications of another patient in error. On arrival home, they took the incorrect medication which led to them being readmitted to hospital and requiring haemo-filtration as a result.

### **Actions taken:**

- The Trust has requested that all patients are discharged following the principles identified in the Discharge/ Case Management Checklist and this is clearly documented and filed in the patient's notes.
- The Trust will undertake an audit to identify if the Discharge/Case Management Checklist is utilised and filed within the patients' records.

## 11.0 Conclusion

### 11.1 SCHFT

No SIs were reported within Quarter 1. The backlog of outstanding responses is being addressed, resulting in 7 SIs being closed in Q1, and a reduction in ongoing SIs throughout Quarter 1.

### 11.2 SHSCT

The number of incidents still ongoing has fallen slightly in Q1. There are now 7 overdue reports and a number of overdue initial review reports. SCCG is continuing to press for the overdue reports and responses to be addressed.

### 11.3 STHFT

The number of ongoing incidents is currently 18, which is a slight decrease from the previous quarter. Significant work has been undertaken to enable 16 SIs to be closed in Quarter 1. The percentage of reports graded as good/excellent by SCCG continues to improve, as does timely responses to review queries raised by SCCG

### 11.4 Independent Contractors / Providers

There is generally low incidence of SIs and we continue to support and 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 position for each provider and to endorse the Quarter 1 report for 2016/17.

Paper prepared by:

Tony Moore, Senior Quality Manager

Tracey Robinson, Clinical Audit Assistant

On behalf of: Penny Brooks, Chief Nurse – September 2016

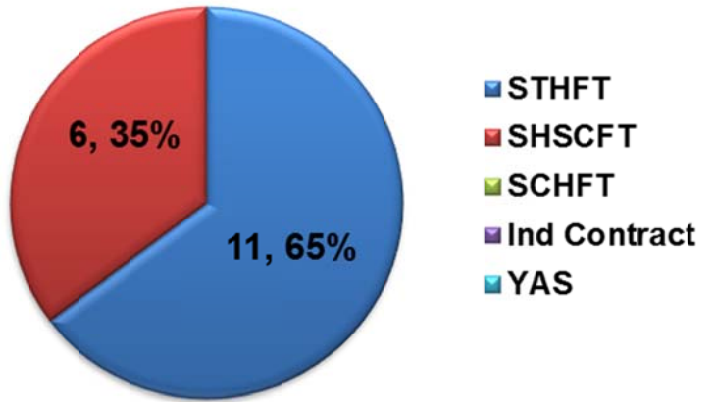
## Appendix 1 Provider Performance

2016/17												
	SCHFT		SHSCFT		STHFT		IND Prov		YAS		2016/17	
	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
<b>OPEN</b>												
No. of SUI's opened	0	0	6	6	11	11	0	0	0	0	17	17
Of these no. reported within agreed timescale	N/A	N/A	2	2	5	5	N/A	N/A	N/A	N/A	7	7
<b>CLOSED</b>												
No. of SUI's Closed	7	7	1	1	16	16	2	2	0	0	26	26
No. of SUI's De-logged	1	1	7	7	0	0	0	0	0	0	8	8
<b>TOTAL ONGOING AT END OF QUARTER</b>	5	5	23	23	18	18	0	0	1	1	47	47
<b>REPORTS AND ACTION PLANS RECEIVED IN QUARTER</b>												
Initial Management Report received within 72 Hours	N/A	N/A	3 of 6 50%	3 of 6 50%	4 of 9 44%	4 of 9 44%	N/A	N/A	N/A	N/A	7 of 15 47%	7 of 15 47%
Reports/Action plans received within 12 weeks*	N/A	N/A	0 of 1 0%	0 of 1 0%	2 of 4 50%	2 of 4 50%	1 of 1 100%	1 of 1 100%	N/A	N/A	3 of 6 50%	3 of 6 50%
Reports reviewed, graded as Good/Excellent	N/A	N/A	1 of 1 100%	1 of 1 100%	4 of 5 80%	4 of 5 80%	0 of 1 0%	0 of 1 0%	N/A	N/A	5 of 7 71%	5 of 7 71%
<b>RESPONSES DUE IN QUARTER</b>												
Responses received within given timescale (20 working days)	1 of 6 17%	1 of 6 17%	N/A	N/A	3 of 3 100%	3 of 3 100%	N/A	N/A	N/A	N/A	4 of 9 44%	4 of 9 44%

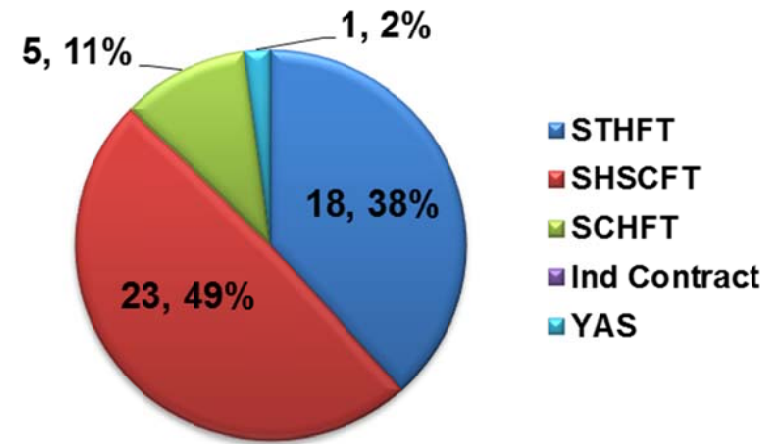
\* Includes those within agreed extended timescale

Appendix 2

### New Quarter 1 Serious Incidents



### Ongoing Serious Incidents



Appendix 3

