# Serious Incident Report Quarter 3 2015/16

**Governing Body**

**4 February 2016**

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**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 3 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 3 report for 2015/16.

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

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## 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 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 5 new incidents were reported by SCHFT in Q3. All 5 (100%) of these were reported within the 2 working days timeframe. 2 of the incidents reported are "Never Events".

4.2 3 incidents were closed leaving 11 incidents on-going at the end of Q3. This figure is gradually creeping upwards

4.3 4 reports were received in Q3. All 4 (100%) of which were within the agreed deadline.

4.4 6 reports were reviewed. 4 reports were graded as “Good” and 2 were “Fair”. 2 action plans were graded as “Good”, 1 was “Fair” and 3 were “Weak”.

4.5 One investigation report is overdue at the end of Q3.

4.6 SCCG is awaiting responses from SCHFT relating to a number of incidents and this is preventing further progress being made towards closure.

4.7 The NHSE SIF requires the submission of an initial review report within 3 working days (commonly referred to as 72 Hr reports). SCH had begun to submit these in Q3, but they were not providing the type of information required by the SIF. SCCG has written and set out the requirements. It remains to be seen whether this improves in Q4.

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

5.1 9 new incidents were reported in Q3. All 9 (100%) were reported within the 2 working days timeframe.

5.2 No incidents were closed and 1 incident was de-logged, leaving 19 on-going incidents at the end of Q3. This is a further deterioration compared to the Q1 position of 9 ongoing

5.3 3 reports were received in Q3. 1 of these (33%) was received within the agreed deadline (the other two were already overdue before Q3).

5.4 4 investigation reports were reviewed in Q3. All 4 reports were graded as “Good”. 3 Action plans were reviewed. 1 was graded a “Good” and 2 were “Fair”. There are 4 overdue review responses.

5.5 6 investigation reports are overdue at the end of Q3. We are continuing to press the Trust to provide the overdue reports without further delay.

5.6 SHSCT is undergoing an external review of its SI management processes and is piloting a new approach to screening and identification of incidents. As such we have agreed that the initial screening or initial review could serve at the 72 Hr report, which should take effect from Q4

## 6.0 Sheffield Teaching Hospitals FT (STHFT)

6.1 7 new incidents were logged in Q3. 4 (57%) of these incidents were reported within the agreed timeframe.

6.2 4 SIs were closed in Q3 and 1 was de-logged 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. Discussion has

been held with STH regarding how this can be expedited resulting in an improved more timely process.

6.3 11 investigation reports and action plans were received in Q3, 6 (54%) of which were received within the agreed deadline. Action is taking place as 6.2 above.

6.4 11 reports and action plans were reviewed within the quarter. 9 (82%) of the reports were graded as “Good” and 2 (18%) were “Fair”. 7 (64%) action plans were graded as “Good”, 3 (27%) was “Fair” and 1 (9%) “Weak”. There are 7 overdue review responses.

6.5 1 investigation report was overdue at the end of Q3.

6.6 The NHSE SIF requires the submission of an initial review report within 3 working days (commonly referred to as 72 Hr reports). STH has been submitting these within the timeframe required.

## 7.0 Independent Providers

7.1 2 new incidents were logged in Q3. 1 of these (50%) was reported within the agreed timeframe.

7.2 No incidents were closed, leaving 3 incidents on-going at the end of Q3.

7.3 1 report was received in Q3. It was within agreed timescales. The report was graded as “Good” and the action plan was “Fair”. No reports are overdue.

7.4 Whilst Providers are generally aware of the SIF requirements, the need for 72 Hr reports are discussed at the time of incident logging.

## 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 1 new incident was opened in Q3 and 1 was closed leaving 1 ongoing at the end of Q3.

8.2 No reports were received and no reports are overdue.

## 9.0 Incident trends

The most prevalent incident types by organisation for Q3 were:

**SCHFT -** Treatment delay meeting SI criteria
**SHSCFT-** Apparent/actual/suspected self-inflicted harm meeting SI criteria
**STHFT-** Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
**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 patient was given a 10x overdose of a drug.

**Actions taken:**

- Staff are required to use a calculator and not rely on mental arithmetic
- Reverse calculation checks (e.g. dividing the drug dose by patient weight) to be carried out to confirm the initial calculation
- Staff are not to over-ride the alerts given by infusion device software without a complete re-check of drug dose and rate
- In addition, the trust is in the process of regulatory approval for bespoke software to aid paediatric dose selection and calculation, which will be implemented when approved.

### 10.2 Sheffield Teaching Hospitals Foundation Trust (STHFT)

**a.** A patient attended for a right eye cataract operation as a day case. Prior to the surgery the patient informed the surgeon that they had been experiencing pain in the left eye since undergoing previous cataract surgery three months earlier. Following surgery to the right eye the surgeon examined the left eye and discovered a mydriasert, a 4mm swab inserted into the eye pre-surgery to dilate the pupil which had been inserted at the previous surgery and not removed.

**Actions taken:**

- The ophthalmic insert was accidently left in situ because it did not form part of a formal check process that is verbalised to all the team.
- The removal of the Mydriasert by the theatre personnel now requires verbal and visual confirmation with the scrub practitioner.
- It is now an integral part of signing that the surgical count is correct.

- If the Mydriasert cannot be removed, or is not found, the surgeon is required to undertake an additional examination and verbally confirm it is not retained.

## 11.0 Conclusion

11.1 **SCHFT**

Reported SI numbers remain small. Initial incident logging is timely. Report quality is not consistently good and action plan quality could be improved. The backlog of outstanding responses needs to be addressed.

11.2 **SHSCT**

The number of incidents still ongoing has risen again from 11 to 19. This is due to lack of timely response to reviews and incidents for which no report has been received. There are now 6 overdue reports (vs 3 at the end of Q2). SCCG is continuing to press for the overdue reports and responses to be addressed.

11.3 **STHFT**

The number of ongoing incidents remains at 22. Focus needs to be maintained on the timeliness of initial logging of incidents, and also timely responses to review queries raised by SCCG. The percentage of reports reviewed and graded as good/excellent by SCCG has increased significantly to 75%. We are 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

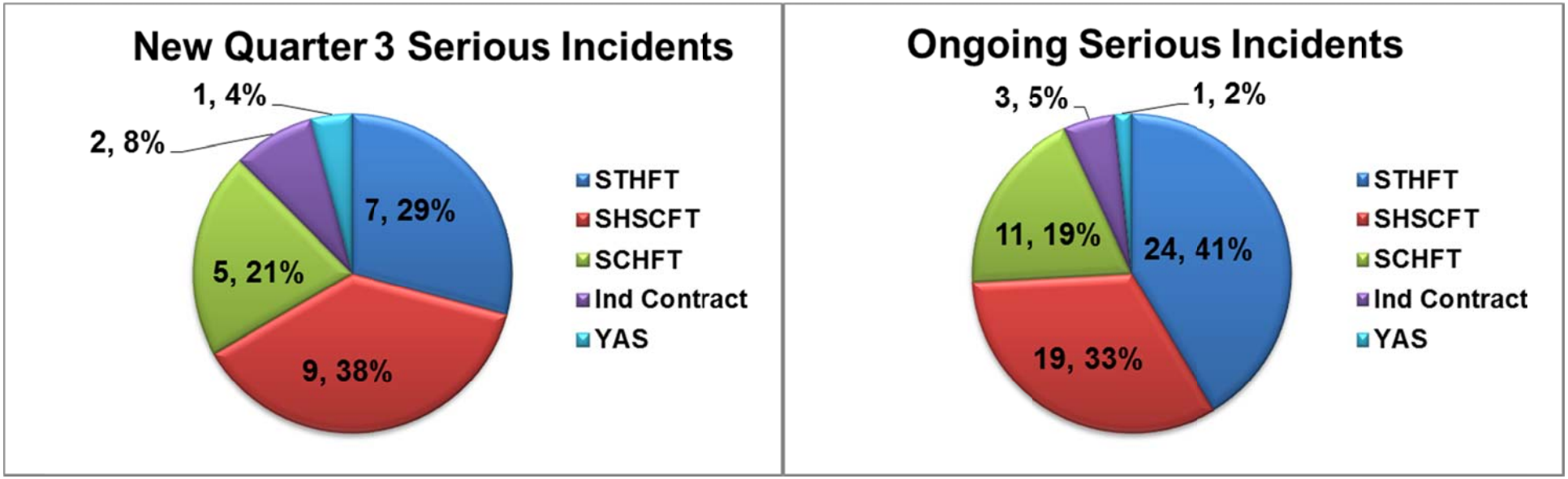
The Governing Body is asked to note the quarterly position for each Provider and to endorse the Quarter 3 report for 2015/16.

**Paper prepared by:**
**Tony Moore, Senior Quality Manager**
**Tracey Robinson, Clinical Audit Assistant**
**On behalf of: Kevin Clifford, Chief Nurse – January 2016**

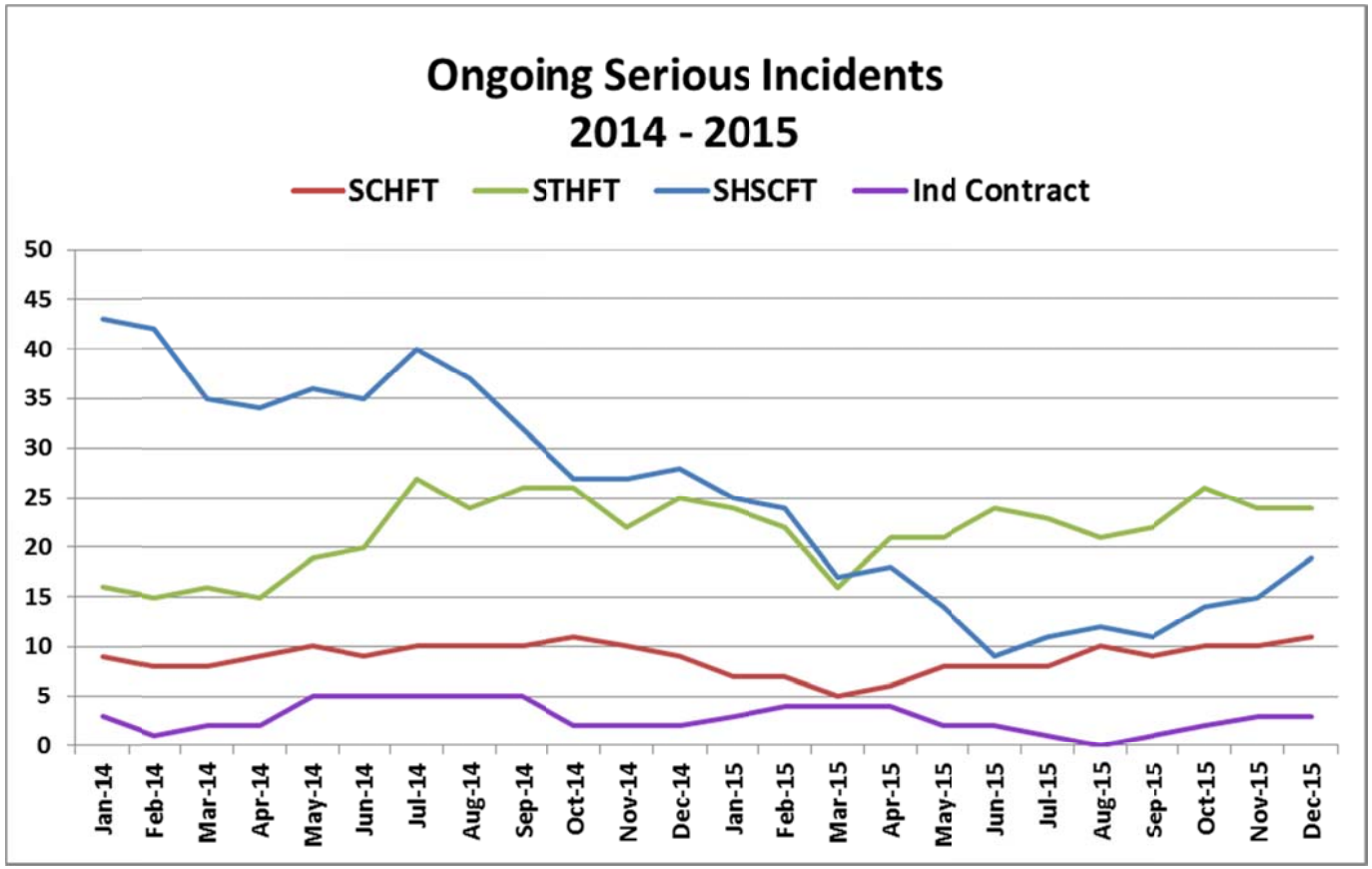
## Appendix 1

| | | 2015/16 | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OPEN** | | **SCHFT** | | | | **SHSCFT** | | | | **STHFT** | | | | **IND Prov** | | | | **YAS** | | | | **2015/16 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** | **Q2** | **Q3** | **Year to date** | **Q1 Total** | **Q2 Total** | **Q3 Total** | **Year to date** |
| **No. of SUI's opened** | | 4 | 6 | 5 | 15 | 1 | 6 | 9 | 16 | 16 | 5 | 7 | 28 | 0 | 1 | 2 | 3 | 1 | 0 | 1 | 2 | 22 | 18 | 24 | 64 |
| **Of these no. reported within agreed timescale** | | 4 | 6 | 5 | 15 | 1 | 4 | 9 | 14 | 14 | 3 | 4 | 21 | N/A | 1 | 1 | 2 | 1 | 0 | 1 | 2 | 20 | 14 | 20 | 54 |
| **CLOSED** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No. of SUI's Closed** | | 1 | 3 | 3 | 7 | 9 | 4 | 0 | 13 | 8 | 7 | 4 | 19 | 2 | 2 | 0 | 4 | 0 | 0 | 1 | 1 | 20 | 16 | 8 | 44 |
| **No. of SUI's De-logged** | | 0 | 2 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 4 |
| **TOTAL ONGOING AT END OF QUARTER** | | 8 | 9 | 11 | 11 | 9 | 11 | 19 | 19 | 24 | 22 | 24 | 24 | 2 | 1 | 3 | 3 | 1 | 1 | 1 | 1 | 44 | 44 | 58 | 58 |
| **REPORTS AND ACTION PLANS RECEIVED** | | 2 | 4 | 4 | 10 | 7 | 1 | 3 | 11 | 6 | 14 | 11 | 31 | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 1 | 16 | 20 | 19 | 55 |
| **Reports/Action plans received, within 12 weeks*** | | 2 of 2 100% | 4 of 4 100% | 4 of 4 100% | 10 of 10 100% | 1 of 7 14% | 0 of 1 0% | 1 of 3 33% | 2 of 11 18% | 4 of 6 67% | 7 of 14 50% | 6 of 11 54% | 17 of 31 55% | 0 of 1 0% | N/A | 1 of 1 100% | 0 of 2 0% | N/A | 1 of 1 | N/A | 1 of 1 100% | 7 of 16 44% | 12 of 20 60% | 12 of 19 63% | 31 of 55 56% |
| **Reports reviewed, graded as Good/Excellent** | | 3 of 3 100% | 2 of 2 100% | 4 of 6 67% | 9 of 11 82% | 7 of 9 78% | N/A | 4 of 4 100% | 11 of 13 85% | 3 of 8 37.5 % | 9 of 12 75% | 9 of 11 82% | 21 of 31 68% | 0 of 1 0% | N/A | 1 of 1 100% | 1 of 2 50% | N/A | 1 of 1 | N/A | 1 of 1 100% | 13 of 21 62% | 12 of 15 80% | 18 of 22 73% | 43 of 58 74% |
| **Responses to reviews due in Quarter received within given timescale (20 working days)** | | 1 of 1 100% | 2 of 4 50% | 0 of 3 0% | 3 of 8 37.5 % | 3 of 8 37.5 % | N/A | 0 of 4 0% | 3 of 12 25% | 2 of 8 25% | 2 of 10 20% | 2 of 10 20% | 6 of 28 21% | N/A | N/A | N/A | N/A | N/A | 0 of 1 | N/A | 0 of 1 0% | 6 of 17 35% | 4 of 15 27% | 2 of 17 12% | 12 of 49 24.5 % |
| * Includes those within agreed extended timescale | | | | | | | | | | | | | | | | | | | | | | | | | |

**Appendix 2**


New Quarter 3 Serious Incidents
1, 4%
2, 8%
7, 29%
5, 21%
9, 38%
STHFT
SHSCFT
SCHFT
Ind Contract
YAS
Ongoing Serious Incidents
3, 5%
1, 2%
11, 19%
24, 41%
19, 33%
STHFT
SHSCFT
SCHFT
Ind Contract
YAS

**Appendix 3**


Ongoing Serious Incidents
2014 - 2015
SCHFT
STHFT
SHSCFT
Ind Contract
50
45
40
35
30
25
20
15
10
5
0
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
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