

Serious Incident Report Quarter 4 2015/16

Item 18f

Governing Body meeting

5 May 2016

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 4 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>quality 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 4 report for 2015/16.	

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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 1A and a summary position in Appendix 1B. 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 3 new incidents were reported by SCHFT in Q4. All 3 (100%) of these were reported within the 2 working days timeframe.
- 4.2 1 incident was closed leaving 13 incidents on-going at the end of Q4. This figure is an increase on the 5 ongoing incidents at the beginning of 2015/16.

- 4.3 5 reports were received in Q4. All 5 (100%) of which were received within the agreed timeframe.
- 4.4 5 reports were reviewed in Q4. 1 report was graded as “Excellent” and 4 reports were graded as “Good”. 2 action plans were graded as “Excellent”, 1 was “Good”, 1 was “Fair” and 1 was “Weak”.
- 4.5 No investigation reports are overdue at the end of Q4.
- 4.6 SCCG is awaiting responses from SCHFT relating to a number of incidents and this is preventing further progress being made towards closure and is the underlying cause of the continued increase across the year of ongoing incidents.
- 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. Performance on this has not reached satisfactory levels in Q4.
- 4.8 The National Reporting and Learning Service (NRLS). The most recent 6 monthly report from NRLS, released on the 19th April 16 is for the period April 2015 to October 2015. On a national level NRLS continues to show increasing reporting year on year, which suggests that locally, there may still be further room for more incidents to be identified and reported.
- 4.9 This shows SCH as being the fourth highest in the ratio of reported incidents per 1000 bed days. This denominator is revised from the previous per 100 admissions, but is consistent across all Provider NRLS clusters. It does not disadvantage SCH. Contextually; NRLS data confirms that SCH is a good reporter.
- 4.10 It is the second best of specialist Children’s Hospitals with Alder Hey one position above and Birmingham Children’s and Great Ormond Street considerably below. The report does give a lag time for the reporting of 50% of incidents as 125 days vs 27 days average for NRLS. This is artificially high, having been affected by previous technical problems which caused the NRLS upload to be deleted. The October 2016 report should give a truer figure. The trust uploaded to NRLS in all 6 months.
- 4.11 In terms of NRLS reported incident types, SCH is notable in that it has roughly a three times higher percentage of ‘all other categories’ incidents, suggesting that coding could be improved.

5.0 Sheffield Health & Social Care FT (SHSCFT)

- 5.1 9 new incidents were reported in Q4. 8 (89%) were reported within the 2 working days timeframe.

- 5.2 3 incidents were closed, leaving 25 on-going incidents at the end of Q4. This is a further deterioration compared to the Q1 position of 9 ongoing.
- 5.3 5 reports were received in Q4. Only 1 of these (20%) was received within the agreed timeframe.
- 5.4 5 investigation reports were reviewed in Q4. 1 report was graded as “Excellent”. 3 were graded as “Good” and 1 was “Fair”. 5 Action plans were reviewed. 2 were graded a “Good” and 2 were “Fair” and 1 was graded as “Weak”. There are 3 overdue review responses.
- 5.5 7 investigation reports are overdue at the end of Q4. We are continuing to press the Trust to provide the overdue reports 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. However this process has been subject to delay and the implementation of submission of initial reviews (either from the pilot or non-pilot incidents) has not been fully implemented. There are currently 12 overdue initial review reports.
- 5.7 The National Reporting and Learning Service (NRLS). The most recent 6 monthly report from NRLS, released on the 19th April 16 is for the period April 2015 to October 2015.
- 5.8 SHSCT remains in the upper quartile of all Mental Health Trusts for its reporting ratio (incidents per 1000 bed days.) It is 10th best in the group, which though lower than previously is not directly comparable due the change of denominator.
- 5.9 The lag time to upload 50% of all incidents was 26 days vs 27 days for all NRLS, which confirms that the Trust is at least as efficient as the average. It is reported as uploading in 5 of the 6 months. However, the Trust actually uploads several times per month, but in one month, missed the month end deadline by a small number of days. It intends to continue frequent uploading, but will also ensure that all month end deadlines are met.

6.0 Sheffield Teaching Hospitals FT (STHFT)

- 6.1 6 new incidents were logged in Q4. 4 (67%) of these incidents were reported within the agreed timeframe. 1 of these incidents was a Never Event.
- 6.2 7 SIs were closed in Q4 leaving 23 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 investigation reports and action plans were received in Q4, 3 (75%) of which were received within the agreed deadline.

- 6.4 5 reports and action plans were reviewed within the quarter. All 5 (100%) of the reports were graded as “Good”. 2 (64%) action plans were graded as “Excellent”, 2 were graded as “Good” and 1 was “Fair”. There are 3 overdue review responses.
- 6.5 No investigation reports were overdue at the end of Q4.
- 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.
- 6.7 The National Reporting and Learning Service (NRLS). The most recent 6 monthly report from NRLS, released on the 19th April 16 is for the period April 2015 to October 2015.
- 6.8 STH is currently 18th from the bottom of all acute Trusts for the ratio of incidents per 1000 bed days with a figure of approximately 29 incidents per 1000 bed days. That is a further slight improvement from the last report when they ranked 15th from bottom. Numerically, they report roughly 8000 incidents per 6 month period, which is unchanged from the previous report. In contrast, other large teaching Trusts (Leeds, Nottingham, Birmingham and Manchester) report between 10,000 and 12,000 incidents per 6 month period. This indicates possible continued under-reporting, despite the introduction of electronic incident reporting in the Trust.
- 6.9 The lag time to report 50% of all incidents is 58 days vs 27 days for all NRLS, indicating room for improvement in internal incident reporting processes, as the Trust is uploading regularly each month.

7.0 Independent Providers

- 7.1 1 new incident was logged in Q4. This was not reported within the agreed timeframe. The incident was later de-logged as it did not meet the criteria for an SI.
- 7.2 1 incident was closed, leaving 2 incidents on-going at the end of Q4.
- 7.3 1 report was received and reviewed in Q4; the report was graded as “Fair” and the action plan as “Good”. No reports were overdue at the end of Q4.
- 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.
- 7.5 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 Q4 and no incidents were closed leaving 1 ongoing at the end of Q4.
- 8.2 No reports were received and no reports are overdue.
- 8.3 The National Reporting and Learning Service (NRLS). The most recent 6 monthly report from NRLS, released on the 19th April 16 is for the period April 2015 to October 2015
- 8.4 The last two NRLS reports have shown apparent issues in regularly uploading. The report from October 15 showed 5 out of 6 months and the latest report shows 2 out of 6 months. The lag time for reporting 50% of incidents is shown at approximately 107 days. Both of these suggest issues in the reporting of incidents internally in YAS. In addition, the incident 'type' information is significantly different between the last two reports. The lead commissioner for this service is Wakefield CCG which will be discussing these issues with YAS.

9.0 Incident trends

The most prevalent incident types by organisation for Q4 were:

- SCHFT** - Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
- 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 found by nursing staff to have swelling and redness on the leg, whilst an inpatient. Following an x-ray a fracture was identified.

Actions taken:

The Trust has

- Increased staff awareness of how to care for patients with a limited range of movement.
- Reviewed handovers between wards and introduced of explicit SBAR tool to highlight patient risks.

10.2 Sheffield Teaching Hospitals Foundation Trust (STHFT)

- a. A patient who was commenced on an anti-coagulant drug, experienced delays in review of drug dosing, resulting in very disordered clotting and severe bleeding.

Actions taken:

- In cases where the clotting and dosing has been unstable during the in-patient episode, the Trust has ensured that all the relevant anticoagulant monitoring & prescription charts are faxed to the anticoagulation clinic.
- The Trust has made changes to ensure that the correct usual dose of anticoagulant is recorded on both the warfarin prescription & monitoring chart.

- b. A patient was given an intravenous drug too rapidly and suffered a cardiac arrest.

Actions taken:

- A range of actions were taken to ensure that the correct guidance was available to staff, to ensure that staff do not use mental arithmetic to calculate and check doses, to ensure that those checking doses are trained in giving IV drugs and to encourage medical staff not to use unapproved abbreviations when prescribing.

11.0 Conclusion

11.1 SCHFT

Reported SI numbers remain small. Initial incident logging is timely. Report quality is now consistently good but action plan quality could be improved. The backlog of outstanding responses needs to be addressed as this is the underlying reason for the gradual increase in the number of ongoing incidents across the year.

11.2 SHSCT

The number of incidents still ongoing has risen again in Q4 which is a continued pattern across the year. 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 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 remains at 23 and has been at this general level across the year. Focus needs to be maintained on the timeliness of initial logging of incidents, receipt of reports and also timely responses to review queries raised by SCCG. The percentage of reports reviewed and graded as good/excellent by

SCCG has continued to improve across the year. 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 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 overall year end position and that for each provider and to endorse the Quarter 4 report for 2015/16.

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

On behalf of Kevin Clifford, Chief Nurse

April 2016

Appendix 1A Provider Performance

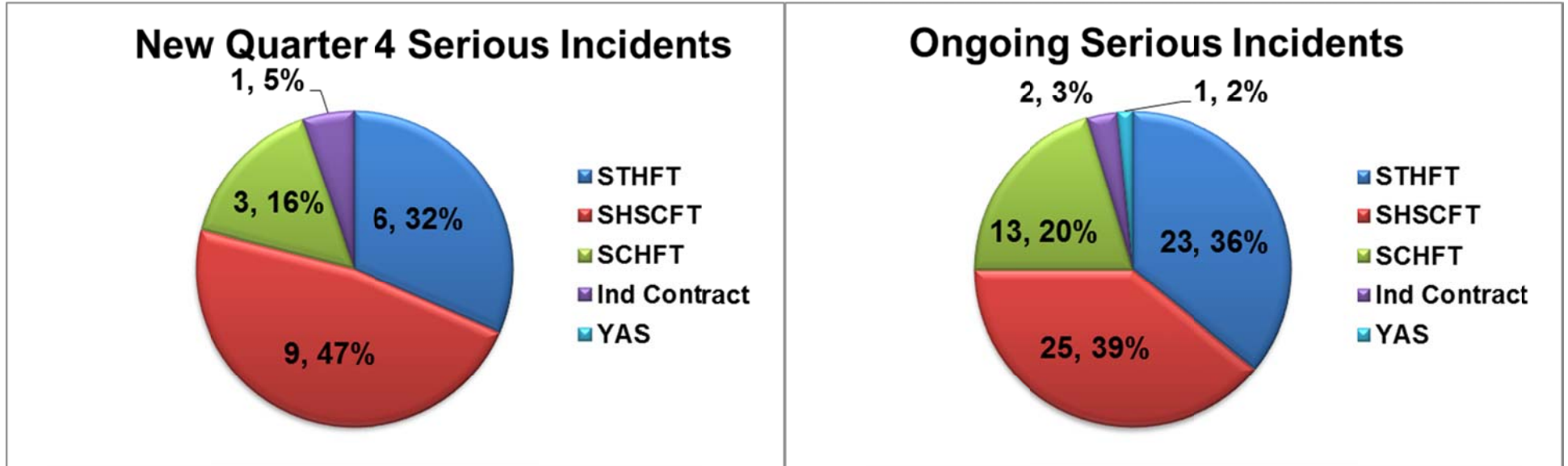
		2015/16																								
OPEN		SCHFT					SHSCFT					STHFT					IND Prov					YAS				
		Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date	Q1	Q2	Q3	Q4	Year to date
No. of SUi's opened		4	6	5	3	18	1	6	9	9	25	16	5	7	6	34	0	1	2	1	4	1	0	1	0	2
Of these no. reported within agreed timescale		4	6	5	3	18	1	4	9	8	22	14	3	4	4	25	N/A	1	1	0	2	1	0	1	N/A	2
CLOSED																										
No. of SUi's Closed		1	3	3	1	8	9	4	0	3	16	8	7	4	7	26	2	2	0	1	5	0	0	1	0	1
No. of SUi's De-logged		0	2	0	0	2	0	0	1	0	1	0	0	1	0	1	0	0	0	1	1	0	0	0	0	0
TOTAL ONGOING AT END OF QUARTER		8	9	11	13	13	9	11	19	25	25	24	22	24	23	23	2	1	3	2	2	1	1	1	1	1
REPORTS AND ACTION PLANS RECEIVED		2	4	4	5	15	7	1	3	5	16	6	14	11	4	35	1	0	1	0	2	0	1	0	0	1
Reports/Action plans received, within 12 weeks*		2 of 2 100%	4 of 4 100%	4 of 4 100%	5 of 5 100%	15 of 15 100%	1 of 7 14%	0 of 1 0%	1 of 3 33%	1 of 5 20%	3 of 16 19%	4 of 6 67%	7 of 14 50%	6 of 11 54%	3 of 4 75%	20 of 35 57%	0 of 1 0%	N/A	1 of 1 100%	N/A	0 of 2 0%	N/A	1 of 1 100%	N/A	N/A	1 of 1 100%
Reports reviewed, graded as Good/Excellent		3 of 3 100%	2 of 2 100%	4 of 6 67%	5 of 5 100%	14 of 16 87.5%	7 of 9 78%	N/A	4 of 4 100%	4 of 5 80%	15 of 18 83%	3 of 8 37.5%	9 of 12 75%	9 of 11 82%	5 of 5 100%	26 of 36 72%	0 of 1 0%	N/A	1 of 1 100%	N/A	1 of 2 50%	N/A	1 of 1 100%	N/A	N/A	1 of 1 100%
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 5 60%	6 of 13 46%	3 of 8 37.5%	N/A	0 of 4 0%	1 of 4 25%	4 of 16 25%	2 of 8 25%	2 of 10 20%	2 of 10 20%	2 of 9 22%	8 of 37 22%	N/A	N/A	N/A	N/A	N/A	N/A	0 of 1 0%	N/A	N/A	0 of 1 0%

* Includes those within agreed extended timescale

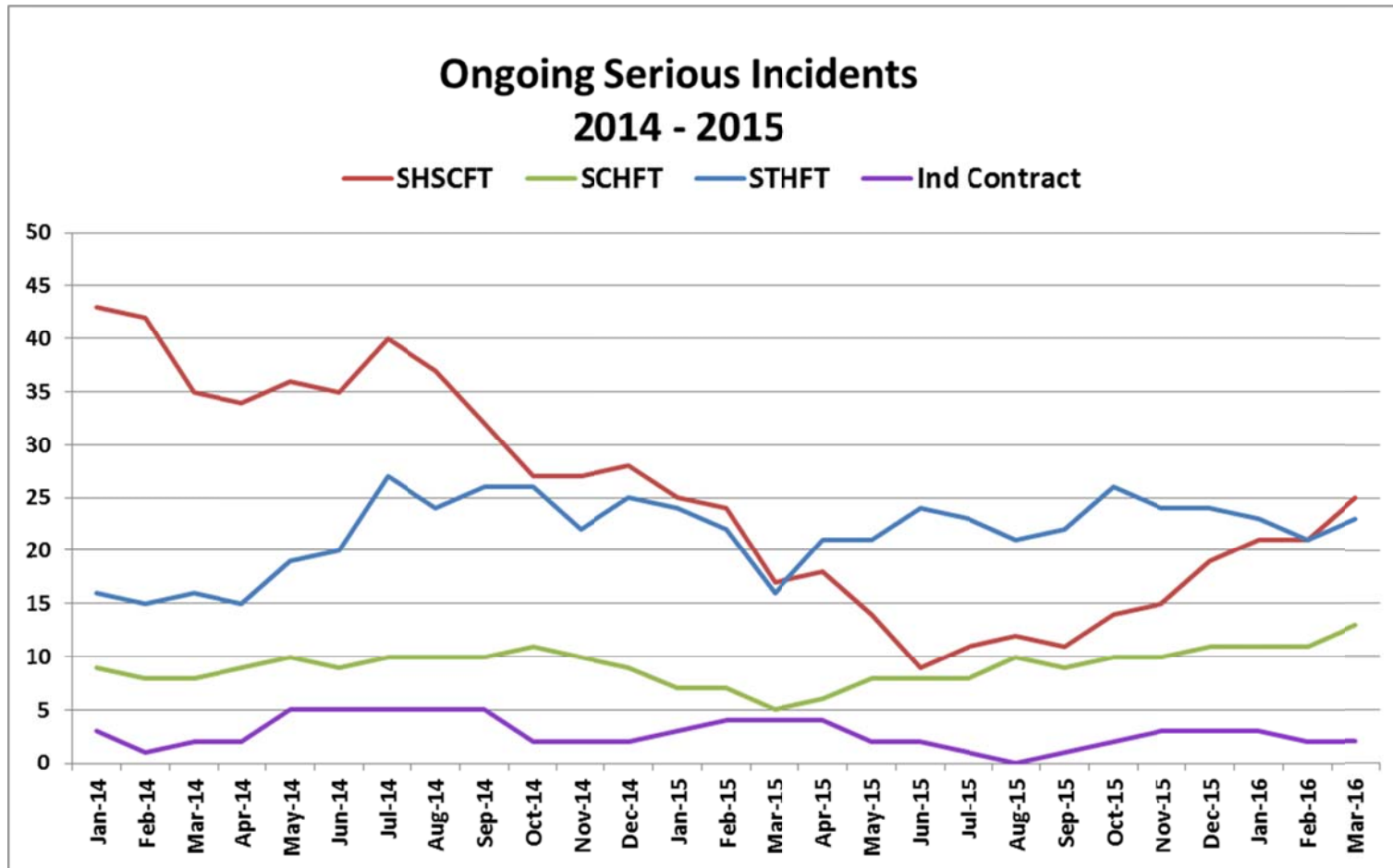
Appendix 1B Summary Position

	2015/16 Totals				
OPEN	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Year to date
No. of SUI's opened	22	18	24	19	83
Of these no. reported within agreed timescale	20	14	20	15	69
CLOSED					
No. of SUI's Closed	20	16	8	12	56
No. of SUI's De-logged	0	2	2	1	5
TOTAL ONGOING AT END OF QUARTER	44	44	58	64	64
REPORTS AND ACTION PLANS RECEIVED	16	20	19	14	69
Reports/Action plans received, within 12 weeks*	7 of 16 44%	12 of 20 60%	12 of 19 63%	9 of 14 64%	40 of 69 58%
Reports reviewed, graded as Good/Excellent	13 of 21 62%	12 of 15 80%	18 of 22 73%	14 of 15 93%	57 of 73 78%
Responses to reviews due in Quarter received within given timescale (20 working days)	6 of 17 35%	4 of 15 27%	2 of 17 12%	6 of 18 33%	18 of 67 27%

Appendix 2



Appendix 3



Serious Incident Report

Governing Body meeting

5 May 2016

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 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. This paper is to provide an update on new Serious Incidents (SIs) in February and March 2016 for which the Governing Body has either a direct or a performance management responsibility. 	
Are there any Resource Implications (including Financial, Staffing etc.)?	
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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>	
<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 new SIs reported in February and March 2016 for each organisation.	

Serious Incident Position for February and March 2016					
Organisation	Number of SIs Opened February	Number of SIs Opened March	Number of SIs Closed/De-logged February	Number of SIs Closed/De-logged March	Total Ongoing
SCHFT	1	2	1	0	13
SHSCFT	2	4	2	0	25
STHFT	1	2	3	0	23
Independent Providers	0	0	1	0	2
YAS	0	0	0	0	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	4	8	7	0	64

New SIs opened February 2016			
STEIS number	Organisation	Date reported	Type of Incident
2016/3037	SCHFT	02/02/16	Sub-optimal care of the deteriorating patient meeting SI criteria
2016/4602	SHSCFT	17/02/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/5124	SHSCFT	23/02/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/3611	STHFT	08/02/16	Pressure ulcer meeting SI criteria

New SIs opened March 2016			
STEIS number	Organisation	Date reported	Type of Incident
2016/6410	SCHFT	07/03/16	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2016/8355	SCHFT	24/03/16	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2016/7204	SHSCFT	14/03/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/7266	SHSCFT	15/03/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/7375	SHSCFT	16/03/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/7701	SHSCFT	18/03/16	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/7667	STHFT	18/03/16	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2016/7955	STHFT	22/03/16	Medication incident meeting SI criteria

New SIs opened February and March 2016 by Other Providers concerning Sheffield Patients			
STEIS number	Organisation	Date reported	Type of Incident
2016/7721	Rotherham FT	18/03/16	Treatment delay meeting SI criteria