



Committee Report

Guidance on completing this report

- Complete all parts of the report template
- Ensure issues are described succinctly
- Limit the report to no more than 3 pages
- Attach any additional relevant information as appendices
- All reports to be provided 10 working days before the meeting

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| Report to: <i>(delete as appropriate)</i> | Quality and Risk Assurance Committee | | |
| Date of meeting: | 26 October 2022 | | |
| Title of paper: | Serious Incident Assurance report | | |
| Report author: | [Redacted], Quality and Safety Manager | Presented by: | [Redacted], Group Medical Director |

1. Purpose

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| What is the purpose of this report? <i>(brief statement & tick as appropriate)</i> | To provide assurance regarding service delivery. | Information | * |
| | | Approval | |
| | | Assurance | * |
| | To provide a quarterly summary for information and assurance of the efficacy of the serious incident management framework | | |

2. Background

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| Which committee or group has this been presented to before (if any)? | Serious Incident Review Panel |
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3. Key Issues

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| What are the key issues to be aware of? | <ul style="list-style-type: none"> • In Quarter 3, 2022, the Lead Quality and Safety Manager attended twelve SI huddles, of which nine of these were notified to panel and eight (seven from Quarter 3 were commissioned as a Serious Incident. • There were 10 Serious Incidents declared in Quarter 3, 2022 • Two cases were escalated to the Serious Incident Review Panel (SIRP) following family members raising complaints and the Quality and Safety team supported the executive team with family meetings. • From the ten SI's declared, five are from the Medical Care Group, |
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| | <p>three are from the Mental Health Care Group, one is from Woman and Children’s and the remaining one is from the Surgical Care Group.</p> <ul style="list-style-type: none"> • Three cases will be added to an ongoing thematic investigation as they fit the terms of reference. Five of the serious incidents will be externally investigated as level three investigations. Two cases will be investigated locally as level 2. • There are 29 open Serious Incidents • There are 6 Serious Incidents reports awaiting to be presented to Serious Incident Review Panel • 5 Serious Incidents were closed in Quarter 3, 2022 • 9 recommendations have now been closed. • Five of the nine planned SIRP meetings were cancelled in Quarter 3, 2022. Four due to executive team unavailability and one due to the majority of panel and investigators being on annual leave. • There are currently six cases that have not been allocated investigators. The Quality and Safety team are increasingly struggling to source investigators, both internally and externally. The executive team have been supporting the team with this. |
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| <p>How does this matter relate to HCS objectives? <i>(tick as appropriate)</i></p> | Improved Islanders’ experience of Health & Community Services | * |
| | Improved health outcomes of Islanders | * |
| | Improved partnership working to deliver person-centred, sustainable & safe health & community services as detailed in the Jersey care Model (JCM). | |
| | Improved working environment for staff increasing recruitment & retention. | * |
| | Improved resilience of HCS, particularly in relation to any Covid-19 related surge in health cases. | |
| | High quality safe services with good clinical & corporate functions. | * |
| | Deliver services within the financial envelope assigned to HCS. | |

4. Risk implications

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| <p>Are there any associated risks? <i>(Please include Risk ID if included within the risk register)</i></p> | Quality & Safety | Yes – risk raised about the inability to source SI investigators in a timely manner, which results in the organisation not learning from SI’s. Risk ID: 448 = 15 |
| | Financial | |
| | Workforce | |
| | Performance | Yes – As there are delays in reports being presented to panel and delays in sourcing investigators, there is a risk the organisation is not learning in a timely manner which can influence performance. |
| | Reputational | Yes – risk raised about the inability to source SI |

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| | | investigators in a timely manner, which results in the organisation not learning from SI's. Risk ID:951 = 12 |
| What action is being taken to mitigate risk? | | |

5. Recommendation For noting.



Health and
Community Services

Serious Incidents (SI) Assurance Paper

Quarter 3, 2022

October 2022

Report prepared by
Acting Lead Quality and Safety Manager

1. Huddles, Notifications and Serious Incident July - September 2022

There were ten Serious Incidents (SI) declared by the Serious Incident Review Panel (SIRP) in quarter three (Q3), 2022. Eight of the SI's had Safety Huddles in line with the SI policy and were notified to panel following the SI Huddle. One of these eight huddles occurred before Quarter 3, but the Care Group required more time to gather information before submitting the notification. Two cases were escalated to the Serious Incident Review Panel (SIRP) following family members raising complaints and the Quality and Safety team supported the executive team with family meetings.

In Quarter 3, 2022, the Lead Quality and Safety Manager attended twelve SI huddles, of which nine of these were notified to panel and eight (seven from Quarter 3) were commissioned as a Serious Incident.

Of the ten SI's declared,

- 5 are from the Medical Care Group,
- 3 are from the Mental Health Care Group,
- 1 is from Woman and Children's
- 1 is from the Surgical Care Group.

Three cases will be added to an ongoing thematic investigation as they fit the terms of reference. Five of the serious incidents will be externally investigated as level three investigations. Two cases will be investigated locally as level 2.

Huddle information, including origin of notification

| | Incident date | Care Group | Incident | Origin of Notification | Huddle | Comments | SI |
|---|---------------|-------------------------------|----------|------------------------|--------|---|-----|
| 1 | | Surgical Services | | Internal | Yes | Not to notify | |
| 2 | | Surgical Services | | Datix | Yes | Notified to panel Not declared as an SI | |
| 3 | | Mental Health Service | | Deputy Viscount | Yes | Notified to panel Declared as an SI | Yes |
| 4 | | Mental Health Service and ASC | | Datix | Yes | Notified to panel Declared as an SI | Yes |
| 5 | | Medical Care Group | | Complaint | Yes | Notified to panel Declared as an SI. Will be added to the thematic review. | Yes |

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|----|--|---------------------------------|--|-----------|-----|--|-----|
| 6 | | Medical Care Group | | Internal | Yes | Notified to panel Declared as an SI. Will be added to the thematic review. | Yes |
| 7 | | Medical Care Group | | Datix | Yes | Notified to panel Declared as an SI. Will be added to the thematic review. | Yes |
| 8 | | Medical Care Group | | Datix | Yes | Notified to panel. Not declared as an SI. | |
| 9 | | Woman and Children's Care Group | | Feedback | Yes | Notified to panel. Declared as an SI. | Yes |
| 10 | | Medical Care Group | | Datix | Yes | Not to notify | |
| 11 | | Mental Health Care Group | | Datix | Yes | Notified to panel. Declared as an SI. | Yes |
| 12 | | Medical Care Group | | Complaint | No | Notified to panel. Declared as an SI. | Yes |
| 13 | | Surgical Care Group | | Complaint | No | Notified to panel. Declared as an SI. | Yes |
| 14 | | Surgical Care Group | | Datix | Yes | Decision to notify but care group required more information before this. Delay in notification until August. | Yes |

2. Open Serious Incidents, including level of investigation

| Number | Incident Date | Care Group | Level | Incident Detail | Expected Date for Report | Status |
|--------|---------------|------------------------|-------|-----------------|--|---|
| 1 | | Surgical Care Group | 3 | | November 2021 | The Royal College of Surgeons (RCS) have reviewed the case notes. |
| 2 | | Women's and Children's | 3 | | Report is ready to be presented to panel | This report was received September 23 rd , but due to SIRP panel being canceled it has not been presented yet. |
| 3 | | Medical and Surgical | 3 | | Report is ready to be presented to panel | This report is waiting to be presented. |
| 4 | | Surgical Services | 2 | | Report is ready to be presented to panel | This report is ready to present to panel in November 2022. |
| 5 | | Mental Health Services | 2 | | April 2022 | This case had been allocated to two investigators in March 2022. |

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|---|--|--------------------------|---|--|--|---|
| | | | | | | <p>Another investigator has now been allocated to complete this investigation.</p> |
| 6 | | Medical Care Group | 2 | | March 2022 | <p>Case was reported to panel in April 2022. It was allocated to two investigators in June 2022.</p> <p>investigation is almost complete.</p> |
| 7 | | Medical Care Group | 2 | | May 2022. | <p>This case was notified to panel in April 2022. This case was allocated to two investigators in August 2022.</p> |
| 8 | | Medical Care Group | 2 | | May 2022 | <p>This case was only allocated to investigators in October 2022.</p> |
| 9 | | Mental Health Care Group | 2 | | Report is ready to be presented to panel | <p>Panel has been cancelled several times this quarter.</p> |

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|----|--|----------------------|---|--|---|---|
| 10 | | Surgical Care Group | 2 | | Report is ready to be presented to panel | |
| 11 | | Surgical Care Group | 2 | | Report is ready to be presented to panel | |
| 12 | | Surgical Care Group | 2 | | End of November | A change of investigator was required in July and a new one was appointed in September. |
| 13 | | Surgical Care Group | 2 | | Anticipated to be completed December 2022 | This case will form part a thematic review. |
| 14 | | Medical Care Group | 2 | | July 2022 | The investigation is almost complete and ready to be presented. |
| 15 | | Medical Care Group | 2 | | July 2022 | No appointed investigator |
| 16 | | Medical Care Group | 3 | | November 2022 | Investigators sought. Awaiting meeting to discuss TOR and cost. |
| 17 | | Women's and Children | 2 | | October 2022 | No investigators appointed. |
| 18 | | Medical Care Group | 2 | | Anticipated to be completed December 2022 | This case will form part a thematic review |

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|----|--|------------------------|---|--|---|--|
| 19 | | Mental Health Service | 3 | | February 2023 | No investigators appointed |
| 20 | | Mental Health Service | 3 | | February 2023 | No investigators appointed |
| 21 | | Women's and Children | 2 | | October 2022 | No investigators appointed |
| 22 | | Medical Services | 2 | | Anticipated to be completed December 2022 | This case will form part a thematic review |
| 23 | | Medical Services | 2 | | Anticipated to be completed December 2022 | This case will form part a thematic review |
| 24 | | Surgical Services | 2 | | October 2022. | Investigators appointed in October 2022. |
| 25 | | Mental Health Services | 3 | | February 2023 | No investigators appointed |
| 26 | | Surgical Services | 3 | | February 2023 | Orthopaedic surgeon from UK has agreed to carry out the investigation. Awaiting confirmation from the nurse who has been approached. |
| 27 | | Medical Services | 3 | | February 2023 | Royal College of Physicians have been approached and meeting with them has occurred. |

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| Report not completed within 60 working days (internal level 2) or 6 months (external level 3) | Report within timeframe | Report completed and waiting for panel |
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Serious Incidents handled by HCS for the Ambulance Service and CAMHS

| | | | | | | |
|---|--|-----------|---|--|----------|--|
| 1 | | Ambulance | 3 | | | |
| 2 | | CYPES | 3 | | Jan 2023 | Investigator was sourced in September 2022. They are arriving on Island in November to conduct the interviews. |

There are currently a high number of Serious Incidents that are in the red, these are being actively monitored by the Quality and Safety team who will provide an anticipated completion date on future reports.

3. Closure of Serious Incidents in Quarter 3, 2022.

| Care Group | Level | Incident | Closed date |
|-------------------------------|-------|----------|-------------|
| Medical and Surgical Services | 2 | | 07/07/22 |
| Mental Health Services | 3 | | 12/07/22 |
| Medical and Surgical Services | 2 | | 25/08/22 |
| Surgical Services | 3 | | 29/09/22 |
| Medical Services | 2 | | 29/09/22 |

4. Learning from Serious Incidents

Once the Serious Incident report has been approved, it becomes the responsibility of the care group to implement the recommendations; and to monitor and review action plans. This then feeds into the performance reports. Regular meetings have been set up between the Care Group Governance coordinators and the Quality and Safety Team to ensure that we are working collaboratively and that the Care Groups are working towards the same objectives with SI's and action plans. The following recommendations were closed over the three months.

5. Evidence of Learning from Serious Incidents

| Year | SI Number | Care Group | Recommendation | Evidence of completion | Evidence provided by |
|------|------------|-------------------|--|---|----------------------|
| 2018 | [REDACTED] | Surgical Services | The appointment of an additional surgeons to ensure one of the surgical teams is always available to concentrate solely on emergency work. This will complement and support the acute floor model being implemented during 2018. | A business case was approved and additional consultant now in post. | [REDACTED] |
| 2018 | [REDACTED] | Surgical Services | Team brief should include all key team members as per policy | All team members now included in theatre brief as per policy | [REDACTED] |
| 2018 | [REDACTED] | Adult Social Care | <p>Environment: That an environmental audit be carried out specifically for the Health & Safety aspect of client A support needs. This may mean reviewing what is offered, what can be offered or if there needs to be a concerted effort in reviewing placement elsewhere if risk persists.</p> <p>It may be that reviewing other service users placements, this could be more proactive in that every service user is being reviewed for more suitable accommodation, [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> | <p>Safe operating procedures and infrastructure with respect to Fire Safety ACHIEVED (14/05/20)</p> <p>Increase staff numbers to ensure safe evacuation at night.</p> <p>ACHIEVED (14/05/20)</p> <p>Improve building or move clients to better built environment for their needs. ONGOING (14/05/20) Projected delivery on updating current</p> | [REDACTED] |

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|------|--|-------------------|--|---|--|
| | | | <p>There would need to be a robust review of any move but respecting practicalities, may need considered even in the short term.</p> | <p>environment to meet needs - (21/04/21)</p> <p>'Klondyke' purchase has been completed for the redevelopment of the last remaining person in Aviemore.</p> | |
| 2019 | | Surgical Services | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>Policy has been written and ratified within the care group. [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | |
| 2019 | | Surgical Services | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>Policy has been written and ratified within the care group. [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | |

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|------|------------|-------------------|---|---|------------|
| | | | | [Redacted] | |
| 2019 | [Redacted] | Surgical Services | The whiteboard writing must not be wiped off [Redacted] [Redacted] [Redacted] | Policy has been written and ratified within the care group. | [Redacted] |
| 2019 | [Redacted] | Surgical Services | [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] | Policy has been written and ratified within the care group. [Redacted] | [Redacted] |
| 2019 | [Redacted] | Surgical Services | [Redacted] [Redacted] | [Redacted] [Redacted] [Redacted] [Redacted] | [Redacted] |

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|------|--|-------------------|--|--|--|
| | | | | | |
| 2021 | | Surgical Services | ITU staff will receive training Medicine Management | <p>The consultants are available to support fluid prescribing in ICU FICM and FRCA's are available which has significantly more fluid physiology than any other training program</p> <p>The report was shared and discussed with clinical leads. The mandatory study day medicine management was specifically targeting complex medications such as the one featuring in this SI giving the opportunity to discuss the SI with 96% of the staff.</p> | |

6. Ongoing challenges to the Serious Incident Process

During Quarter 3, nine SIRP panels were planned, one was a closed panel, and another was rescheduled. Five meetings were canceled in total, four due to the executive team being unavailable and one due to the majority of panel and investigators being on annual leave.

Due to the cancelled meetings, there are now six reports ready to be presented to panel. Attempts have been made to organize extraordinary meetings to present the reports, but this has not proved successful due to competing diary demands of the executive team. During Quarter 3, many panel meetings have been cancelled due to executive unavailability.

Sourcing investigators both internally and externally has been a huge problem for the Quality and Safety team this year. Staff have cited reasons such as no capacity, fear of reprisal from colleagues and not having adequate staffing in their department. Many investigators from the UK are very busy and do not have capacity to carry out investigations here in Jersey. The

executive team have been supporting the Quality and Safety team in trying to source external investigators. There are currently six cases awaiting investigators to be appointed. This has been added to the risk register (risk 951).

Details of meetings in Quarter 3, 2022

| Planned panel date | Did meeting occur? | Outcome | Additional SI Notification Panel |
|------------------------------|--|---|----------------------------------|
| 07 July 2022 | Meeting occurred | 1 report accepted | 05 August 2022 |
| 12 July 2022 Closed Panel | Meeting occurred | 1 report accepted | 17 August 2022 |
| 21 July 2022 | Meeting cancelled | | 31 August 2022 |
| 04 August 2022 | Meeting Cancelled | | |
| 18 August 2022 | Cancelled due execs attending Mental Health Performance Review Meeting | | |
| 25 August 2022 | Meeting occurred | 1 report accepted | |
| 01 September 2022 | Meeting cancelled | presented position statement to RN and AW 01 Sep 2022 | |
| 15 September 2022 | Cancelled due to exec commitments | | |
| 29 September 2022 | Meeting occurred | 2 reports accepted | |