Safety, Quality & Standards Directorate

For action:

Chief Executives of HSC Trusts
Chief Executives of HSS Boards
Chief Executives of Special Agencies
Chief Executive of Central Services Agency
General Medical, Community Pharmacy
General Dental & Ophthalmic Practices

For information:

Chief Executive designate, HSC Authority
Chief Officers, HSC Councils
Directors of Public Health in HSS Boards
Directors of Social Services in HSS Boards and HSC Trusts
Directors of Dentistry in HSS Boards and HSC Trusts
Directors of Pharmacy in HSS Boards and HSC Trusts
Directors of Nursing in HSC Boards and HSC Trusts
Directors of Primary Care in HSS Boards
Medical Directors in HSC Trusts
Regional Director, Commissioning
Area Directors, Commissioning
Chairs, Local Commissioning Groups
Chairs, Area Child Protection Committees
Chief Executive, Regulation & Quality Improvement Authority
Chief Executive, Mental Health Commission
CSCG/Risk management leads
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Circular HSC (SQS) 19/2007

30 March 2007

Dear Colleague

REPORTING AND FOLLOW-UP ON SERIOUS ADVERSE INCIDENTS; AND

REPORTING ON BREACHES OF PATIENTS WAITING IN EXCESS OF 12 HOURS IN EMERGENCY CARE DEPARTMENT

Introduction

The purpose of this circular is to:

a) advise you of refinements to the Department's Serious Adverse Incidents (SAI) system and of changes which will be put in place, from April 2007, to promote learning from

SAIs and reduce unnecessary duplication of paperwork for Trusts, Boards and Agencies, **Section 1**; and

b) clarify arrangements for the reporting on breaches of patients waiting in excess of 12 hours in emergency care departments, **Section 2**.

You are asked to ensure that this circular is widely communicated to staff.

Yours sincerely

Maura Briscoe

Dean Sull

MAURA BRISCOE
Director Safety, Quality and Standards Directorate

DEAN SULLIVAN
Director of Service Delivery

SECTION 1: Refinements to Serious Adverse Incident (SAI) System

1. This section outlines refinements to the Department's SAI system by:

   a) promoting increased reporting of SAIs;
   b) clarification of how SAIs, relating to family practitioner services, should be reported;
   c) amendments to existing reporting form (Annex A);
   d) learning from SAIs through development of a new proforma (Annex B); and
   e) integration of follow-up action on SAIs.

Promoting increased Reporting of SAIs

2. Since the introduction, in July 2004, of interim reporting procedures for SAIs and near misses for HSS Boards, HSC Trusts, Agencies and Family Practitioner Services, the Department has been monitoring the effectiveness of the system. HSS (PPM) 06/2004 outlined the steps to be taken by the designated senior manager, within a HPSS organisation/Agency, when alerted to an SAI. The manager has to consider whether the incident should be reported to the Department where it is likely to:

   (i) be serious enough to warrant regional action to improve safety or care;
   (ii) be of public concern (such as serious media interest); or
   (iii) require an independent review.

3. To date, the majority of SAIs reported to the Department arise from the community sector with relatively small numbers being reported from the acute sector or the family practitioner services. This circular re-emphasises the need to report SAIs, which meet the above criteria. This needs to be promoted in order to develop a more complete picture of the breadth of SAIs and their associated learning.

Reporting of SAIs from the Family Practitioner Services

4. In the interests of learning, the Department welcomes the increasing number of family practitioners who are reporting adverse incidents to their HSS Board. When a HSS Board receives an adverse incident, which falls within the above criteria, it is the HSS Board's responsibility to complete the SAI proforma (Annex A) and refer it to the Department. The HSS Board may seek to clarify the nature of the adverse incident in order to assess whether it meets the above criteria and whether there is any local or regional learning.

Amendments to existing reporting proforma (Annex A)

5. In order to ensure appropriate information is returned to the Department, and to avoid unnecessary follow-up communication, the SAI Report proforma (formerly attached as the Annex to Circular HSS (PPM) 02/06) has been revised as follows.

6. Trusts should continue to ensure that all SAIs are reported to their commissioning HSS Board as a matter of course. This is even more important given the role the HSS Boards will be undertaking regarding follow-up action in the implementation of their individual SAI handling procedures.

Box 2
Service pressure incidents

7. When reporting incidents relating to pressures in the Child & Adolescent Mental Health Services, Box 2 should contain details of the action taken by the reporting organisation to minimise risks in accordance with the Department's letter of 13 March 2006 on *Under 18 Year Olds in Adult Mental Health Facilities* (http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance/sqsd_guidance_dhssps_guidance.htm). Reporting organisations should also be aware that where under 18 year olds are placed in adult learning disability facilities, these should also be reported to the Department.

Box 4
Classification of incidents

8. Officers are reminded to complete the classification assessment. (Circular HSS(MD) 12/2006 *How to Classify Incidents and Risks* refers)

Box 7
Actions on employment-related issues arising from incidents

9. This new Box has been added to include any initial action taken by the reporting organisation on employment-related issues as a result of the SAI (where this is known within 72 hours). This would include suspension; referral under the Protection of Children and Vulnerable Adults (POCVA) procedures; or referral to a regulatory body, the National Clinical Assessment Service (NCAS) or Police Service (PSNI).

10. Specifically in relation to POCVA procedures, child care organisations must refer an individual who is or has been employed in a regulated position to the Disqualification from Working with Children (NI) List where there have been allegations that the individual has on the grounds of misconduct harmed or placed a child at risk of harm and the individual has resigned or been suspended or transferred to a non-regulated position. Non-child care organisations may also refer in such circumstances (Article 4(1) of POCVA refers). The Department strongly recommends that referrals in the latter circumstances, while not compulsory, are good practice and will assist organisations in making informed decisions about individuals under investigation, who may seek work in a regulated position in either voluntary or paid employment.

11. Providers of care to vulnerable adults in residential homes, nursing homes or in a vulnerable adult's own home must also refer care workers to the Disqualification from Working with Vulnerable Adults (NI) List, if a care worker on the grounds of misconduct has harmed or placed at risk of harm, a vulnerable adult (Article 36 of POCVA refers).

12. Referrals under the POCVA procedures must be forwarded without delay in all cases where the criteria for a referral are met, including cases where internal investigations are ongoing and the organisation has not yet decided to dismiss the individual or confirm the transfer to a non-regulated or caring position.

Learning from SAIs through the development of a new proforma (Annex B)

13. From April 2007, a new proforma will be introduced to enable learning arising from adverse incidents to be captured and shared. When the Department's SAI group seeks the learning from a particular incident, the follow-up proforma at Annex B will be issued to the reporting organisation usually within 12 weeks of the date of the incident (or receipt of the SAI report where the date is not known). It is hoped that the information gathered from this source will be easier to analyse and disseminate effectively and faster at local level and that it will reduce the need for the Department to request copies of Investigation Reports or Root Cause Analysis. The learning proforma should also be copied to the relevant area Board; however, Boards will continue to operate their individual SAI handling procedures and may request further information as part of their follow-up action. The 12 weeks deadline has been selected in order to align with the reporting requirements of other organisations such as the Mental Health Commission.

Integration of follow up action

14. The Department's SAI group is currently piloting participation of each of the four HSS Boards in the Department's SAI process. It has been decided to extend membership in order to:

- minimise duplication between the Department's and Boards' handling procedures;
- promote fast and effective dissemination of learning across the HPSS; and
- achieve consistency of approach.

The membership of the Department's SAI group will continue to be reviewed throughout 2007/08.

Conclusion

15. The SAI system is designed to inform the Department of serious adverse incidents which meet the three criteria outlined in paragraph 2. This remains an interim procedure pending clarification of the future direction of the National Patient Safety Agency and local changes arising from the Review of Public Administration.

16. Summary learning arising from SAIs received between July 2004 and December 2005 was documented in the Department's publication *Supporting Safer Services (June 2006)*. A further report, of the learning arising from reported SAIs between January 2006 and March 2007 will be issued later this year..

ANNEX A

SERIOUS ADVERSE INCIDENT REPORT

1. Organisation:

Incident Identifier No.

2. Date and brief summary of incident:

3. Why incident considered serious:	**Briefly, explain why this SAI meets the criteria:**
a. warrants regional action to improve safety or care within the broader HPSS;	
b. is of public concern; or	
c. requires an independent review.	

4. Immediate action taken:

Classification of incident as initially assessed by organisation: Catastrophic / Major / Moderate / Minor / Insignificant

5. Is any regional action recommended? Y/N (if 'Yes', full details should be submitted):

Are there any aspects of this incident which could contribute to learning on a regional basis?

6. Is an Independent Review being considered? Y/N (if 'Yes', full details should be submitted):

7. Has any employment-related action been taken as a result of this incident, such as:
a. suspension from duties? Y/N
b. a referral been made to POCVA? Y/N
c. a referral to the relevant Professional Regulatory Body, NCAS or PSNI? Y/N (if 'Yes', specify which organisation)

8. Other Organisations informed:		**Date informed**	Other (please specify) Y/N
HSS Board	Y/N		
HM Coroner	Y/N		
Mental Health Commission	Y/N		
NIHSE	Y/N		
PSNI	Y/N		**Date informed:**
RQIA	Y/N		

9. I confirm that the designated senior manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Department. (*delete as appropriate*)
Report submitted by:
(name and contact details of reporting officer)

Date:

Completed proforma should be sent, by email, to:
adverse.incidents[redacted]
If e-mail cannot be used, fax to [redacted]

ANNEX B

LEARNING FROM SERIOUS ADVERSE INCIDENT

The Department will complete Parts 1, 2, 3a) and 4 from original reporting template before issuing to reporting organisation

1. Organisation:

Incident Identifier No.

2. Date and brief summary of incident: (As provided in reporting template)

3. a) Classification of incident as initially assessed by organisation:

3. b) Has Classification changed since initial assessment? Catastrophic / Major / [redacted] / Minor / [redacted]

4. Regional action recommended in reporting template

5. (Where applicable) Date of organisation's internal review: __/__/__

(Where applicable) Date independent review concluded: __/__/__

6. A summary of the key learning points emerging from local investigation of SAI: *

For reporting organisation:

(i)
(ii)
(iii)

For region:

(i)
(ii)
(iii)

(additional page(s) can be used if necessary)

7. Since the initial report, has any further employment-related action been taken as a result of this incident, such as:

a. suspension from duties? Y/N
b. a referral been made to POCVA? Y/N
c. a referral to the relevant Professional Regulatory Body, NCAS or PSNI? Y/N (if 'Yes', specify which organisation)

8. * Should any further points of learning emerge from other external sources: (eg. Coroner's inquest report, RQIA report/improvement review, MHC visit, HSE(NI) investigation, PSNI investigation, etc), the reporting organisation may submit this additional information at a later date

(i)
(ii)
(iii)

9. I confirm that the designated senior manager and/or Chief Executive are aware of the follow-up action taken and that the learning has been disseminated and implemented throughout the organisation as a result of this SAI. (*delete as appropriate*)

Report submitted by:

(name and contact details of reporting officer)

Date:

Completed proforma should be sent, by email, to:
adverse.incidents[redacted]
If e-mail cannot be used, fax to [redacted]

SECTION 2: Breaches of Patients waiting in excess of 12 hours in Emergency Care Departments

1. Section 2 is designed:

   a) to clarify arrangements for the reporting and learning from breaches of the 12 hour Accident & Emergency (A&E) standard; and

   b) to introduce a new reporting form (Annex 1) for breaches of this standard; such reports should be sent to the Department to ensure that appropriate follow-up action occurs and that any learning arising from these breaches is captured centrally.

Emergency Care Reform Targets

2. On 13 November 2006, the Department's Service Delivery Directorate issued a Definitions and Guidance Framework for Emergency Care Reform (Letter DS 154-06 and related guidance refers). The Framework advised the HPSS that from 1 April 2007 the SAI reporting system would be used to alert the Department of breaches of the 12 hour A&E standard. The Department believes that a single reporting portal on these issues is a practical approach during the current RPA changes.

3. When a report is submitted to the Department, these reports will **not** be handled in the same way within the Department as other SAIs. They will not be considered by the Department's SAI Review Group (unless, of course, the excess waiting has resulted in a serious adverse incident which has caused harm to patients or staff as defined in Section 1, paragraph 2). Instead they will be referred onwards to the Service Delivery Directorate for appropriate follow-up action and cascade of learning. Breaches of the 12 hour A&E standard should be reported separately using the proforma at Annex 1.

Completing the new reporting proforma (Annex 1) for breaches in 12 hour waiting times

4. Annex 1 contains the new reporting form for documentation of breaches of the 12 hour standard and reporting such breaches to the Department.

Box 2

5. When reporting a breach, Box 2 should contain the following details:

   (i) Where a breach of the 12 hour standard has occurred, but the patient has now been placed in a ward:

   - indicate the total length of time the patient was in A&E (from time of arrival to time of departure);
   - confirm whether the patient was placed in a ward clinically appropriate for their condition;
   - if not, indicate what type of ward the patient was placed in; and
   - confirm whether the Trust policy for managing escalating pressures was implemented (Section 5 of the Definition and Guidance Framework); or

(ii) Where a breach of the 12 hour standard has occurred and the patient has not yet been placed in a ward:

- describe the current situation.

Box 9

6. All breaches of the 12 hour standard should be reported to the designated senior manager within the Trust to ensure that there is corporate knowledge of the breach.

Conclusion

7. The Department has adopted a pragmatic approach to the reporting of breaches of the 12 hour standard to the Department using the same reporting portal as SAIs. Learning arising from these breaches will be collated centrally by the Service Delivery Unit (SDU) and will be fed back to Trusts through routine SDU monitoring meetings.

8. Such arrangements will be reviewed in 2008, in light of changes arising from the Review of Public Administration and may be subject to change.

ANNEX 1

REPORT ON BREACH OF PATIENT WAITING IN EXCESS OF 12 HOURS

1. Organisation:

Incident Identifier/A&E No.

2. Date and brief summary of incident:

(i) Where a breach of the 12 hour standard has occurred, but the patient has now been placed in a ward:

- indicate the total length of time the patient was in A&E: _____ hours
- was patient placed in a ward clinically appropriate for their condition? (Y/N)
- if 'No', indicate what type of ward the patient was placed in: _____
- was Trust policy for managing escalating pressures implemented? (Y/N)

(ii) Where a breach of the 12 hour standard has occurred and the patient has not yet been placed in a ward:

- describe the current situation

9. I confirm that the designated senior manager and/or Chief Executive has/have been advised of this breach and is/are content that it should be reported to the Department. (*delete as appropriate*)

Report submitted by:
(name and contact details of reporting officer)

Date:

Completed proforma should be sent, by email, to:
adverse.incidents[redacted]
If e-mail cannot be used, fax to[redacted]