

Summary of changes in revised Never Events Policy Framework October 2014

Section	Edits
1 Purpose	<p>Added explicit link between the Never Events Policy and NHS England vision and values.</p> <p>Added emphasis around fundamental safety processes – in this sense never events may be symptomatic of organisational failure and therefore triggers for wider safety improvement.</p>
2 Definition	New requirement for preventability of never events arising from failure of (or failure to implement) strong organisational barriers.
3 Background	No substantive changes to this section of the document.
4 Roles and Responsibilities	Added responsibilities for NHS England related to roles as direct commissioner and for assuring effective operation of the commissioning system.
5 Requirements – when a never event is suspected	<p>Removed section on prevented never events, as policy emphasis is now on failure of organisational barriers rather than actual or prevented patient harm – as per the updated never event definition.</p> <p>Added reference to Duty of Candour.</p>
6 Failure to declare or report a never event	No substantive edits to this section of the document.
7 Cost Recovery	<p>Based on internal feedback received by NHS England in development of the revised never events policy framework and initial consultation on the NHS Standard Contract for 2015/16, we propose that cost recovery is now appropriate in cases of failure to declare or report a never event within specified timeframes (e.g. where there is evidence that there were opportunities for the organisation to identify and report the never event) and where clusters of never events are evidence that organisations have failed to support learning or implement action plans following incidence of never events of the same or similar types.</p> <p>This is in keeping with wider NHS England values, and</p>

	<p>attempts to reconcile the tension between the requirement to encourage prompt and honest reporting of incidents and the ability for Commissioners to recover costs when appropriate.</p> <p>Commissioners are now also encouraged to apply discretion and/or waive their right to recover costs when early open disclosure to patient and commissioner has occurred.</p>
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Annex – List of Never Events

The never event list was measured against the revised criteria in order to ensure consistency with the revised policy approach, resulting in removal of a number of incident types and merging of others. Respondents to this consultation also have an opportunity to suggest new never events, consistent with the revised definition.

Action	Never Event	Rationale
Removed never events	Maternal death due to post-partum haemorrhage after elective caesarean section	Does not meet revised criteria due to the previous definition being dependant on an outcome (death) and not on the failure to ensure appropriate barriers are in place.
	Overdose of midazolam during conscious sedation	Does not meet revised criteria due to the previous definition being dependant on an outcome (overdose) and not on the failure to ensure appropriate barriers are in place.
	Opioid overdose of an opioid/opiate-naïve patient	Does not meet revised criteria due to the previous definition being dependant on an outcome (overdose) and not on the failure to ensure appropriate barriers are in place.
	Escape of a transferred prisoner	Does not meet revised criteria as the identified guidance is not a strong enough barrier to prevent the event at present.
	Wrong gas administered	Does not meet revised criteria as previous definition required death or severe harm to have resulted and ultimately the barriers in place to prevent the wrong gas being administered are not strong enough at present.
	Failure to monitor and respond to oxygen saturation	Does not meet revised criteria as previous definition required death or severe harm to have resulted and ultimately the barriers in place to prevent failure to monitor and respond are not strong enough at present.

	Air embolism	Does not meet revised criteria as previous definition required death or severe harm to have resulted and ultimately the barriers in place to prevent air embolisms are not strong enough at present.
Removed never events	Misidentification of patients	Does not meet revised criteria as previous definition required death or severe harm to have resulted and ultimately the barriers in place to prevent misidentification are not strong enough at present.
Merged Never Events	Wrong route medication, was: Wrong route chemo Wrong route oral/enteral treatment Intravenous admin of epidural medication	For simplification
	Transfusion or transplantation of ABO-incompatible blood components or organs, was; Transfusion of ABO incompatible blood components Transplantation of ABO incompatible organs	For simplification