West Hertfordshire Hospitals NHS
NHS Trust

Trust Board Agenda Item 173/06

Date of Meeting:	31st August 2006
Title of Agenda Item and Number:	Risk Progress Report
Author:	Gary Etheridge, Chief Nurse/Director of Patient Services, Quality & Risk
Person Presenting Item To The Board:	Gary Etheridge, Chief Nurse/Director of Patient Services, Quality & Risk

Summary:

The report provides an update on the progress of the risk agenda since the last report to the Board in April 2006.

Item Previously Considered and Agreed By:	Risk Committee
Suggested Time For This Item:	10 minutes
Proposed Board Resolution: **(E.g. to agree, to receive, to note)**	To Note Content

West Hertfordshire Hospitals NHS
NHS Trust

Report From: Chief Nurse/Director of Patient Services, Quality & Risk

To: Trust Board, 31st August 2006

Subject: Risk Management

Action: To Note Contents

Risk Management Progress Report

1. The Trust Board discussed the progress of Risk Management arrangements at its meeting on 27th April 2006. This report provides the Trust Board with a further up-date on progress.

2. Minutes of the Risk Management Committee held on the 15th June 2006 are attached in Annex 1.

3. Revised Risk Committee Terms of Reference were ratified at the Risk Committee on 15th June 2006 (attached in Annex 2).

4. The Trust Risk Management Action Plan continues to be updated on a quarterly basis, and is available on request from the Chief Nurse/Director Patient Services, Quality and Risk. Work in progress is currently on target.

5. Strategic risk exceptions were reported at the Risk Management Committee on the 15th June 2006. A new format for reporting strategic risks was considered and will become fully effective by 5th October 2006**.**

6. In June 2006, the Risk Management Department produced the Q4 Patient Incident Summary Report (1st January to 31st March 2006). This was subsequently presented to the Risk Management Committee on 15th June 2006. The report provides an analysis of all patient safety incidents reported within the Trust highlighting hot spots and themes. For further details refer to Annex 3.

7. There are now 687 risks on the Risk Register. Of these, 353 are still open and 334 are closed. 60 new risks were opened in the first quarter of this financial year, with 22 risks being closed during the same period. A new format for reporting risks recorded on the Risk Register will be considered at the next Trust Risk Management Committee, and thereafter reported to the Trust Board.

8. The Women's and Neonatal Division are working towards their CNST 3 Maternity Assessment, which is due to take place in December 2006.

9. The Risk Management Department have now produced a Trust wide action plan and reviewed the Trust's strategic approach to ensuring compliance is met prior to their pilot inspection against the new NHSLA Standards which is due to take place on 5th and 6th December '06.

10. On the 1stJune 2006, the management of Standards for Better Health was formally handed over to the Chief Nurse/Director of Patient Services, Quality and Risk by the Associate Director of Service Planning. Operational Management in this

respect now lies with the Assistant Director of Patient Services, Quality and Risk. Subsequently, a paper was produced and presented at recent Executive Team and Trust Board meetings on the proposed future management of the Standards for Better Health. This review provided the Trust with an opportunity to re-examine the strategic management of Standards for Better Health, with a view to ensuring a well-defined and robust process is in place so it can place reliance on the accuracy of its yearly declaration to the Health Care Commission.

Evidence against the Standards for Better Health will be retained on a 'Standards for Better Health' Module of Datix.

11. The Chief Nurse/Director of Patient Services, Quality and Risk hosted a random visit to the Trust by the Healthcare Commission on 28th June 2006 in order to cross check and review the Trusts 2005/6 final standards for Better Health Declaration, against 5 of the randomly selected Core Standards.

12. The Trust's latest updated Assurance Framework was reviewed and considered at the Risk Management Committee on 15th June 2006.

13. Performance continues to improve in the management of Safety Alert Broadcasting System (SABS) alerts. To date, the Trust has received 181 alerts of which 159 have now been closed (88%). This compares favourably to performance in April 2006, when 179 alerts had been received and 158 alerts had been closed (85%).

14. All Divisions are continuing to work through their risk assessments as part of the Trust Wide Risk Assessment. Significant risks identified are now being placed on the Risk Register.

The Trust Board is asked to note the above.

Gary Etheridge
Chief Nurse/Director of Patient Services, Quality & Risk

August 2006

Annex 1

West Hertfordshire Hospitals NHS
NHS Trust

MINUTES

RISK MANAGEMENT COMMITTEE

THURSDAY, 15TH JUNE 2006

Present:	Robin Douglas	Non-Executive Director (Chair)
	Ian Campbell	Chief Operating Officer
	Simon Colbert	Director of Estates & Facilities
	Gary Etheridge	Director of Nursing, Midwifery, Quality & Risk,
	Simon Green	Divisional Manager, Acute Medical Care
	Mark Jarvis	Board Secretary
	David Law	Chief Executive
	Jacqui Mallard	Representing Jill Steene, Divisional Manager, Women's & Neonatal Services
	Maxine McVey	Acting Divisional Manager, Surgery
	Nicola Moore	Head of Quality & Risk
	Graham Ramsay	Executive/Medical Director
	Celia Richards	Clinical Governance Manager
	Roger Rawlinson	Interim Director of Human Resources
	Sally Tucker	Divisional Manager, Clinical Support Services
In attendance:	Pamela Mudie	PA to Head of Quality & Risk

		Action
1.	**Apologies:** Nick Evans, Director of Service Redesign, Carolyn Hughes, Director of Finance, Sarah Shaw, Director of Planning, Gill Balen, Patient Representative, Lisa Savage, Risk Co-ordinator	
2.	**Minutes of Last Meeting** Minutes of the meeting held on 30th March 2006 were agreed as an accurate record except that the last paragraph on page 3 under item 6 should read: "extension leads were ***not*** being used in any area where patient care would be compromised".	
3.	**Matters Arising:** ♦ **Bomb Evacuation Policy** It was agreed that the Emergency Planning Group was best placed to develop a Bomb Evacuation Policy. Feedback on progress to be provided at the next Risk Committee meeting. ♦ **Revised Terms of Reference for the Risk Management Committee** Gary Etheridge presented the revised Terms of Reference for discussion and ratification. It was explained that the main changes were around terminology and layout. The Committee ratified the revised Terms of Reference.	**SG**

	♦ **Revised Terms of Reference for Board Sub-Committees and Reporting Arrangements for Trust Wide Committees** It was noted that the Terms of Reference (ToR), for all committees would need to be reviewed in light of all relevant Committees having to include the monitoring and review of all relevant Standards for Better Health (S4BH) as a regular agenda item. In order to progress the above it was agreed that the following would be actioned by Mark Jarvis: ❑ Contact all Committee Chairs and request that their ToR be reviewed and e-mailed to him by no later than the end of **August 2006** ❑ Establish a central electronic database to store all ToR ❑ Circulate revised ToR to relevant Committee Chairs for ratification ❑ Review all ToR yearly	**MJ**
4.	**<u>Risk Exception Reports from Sub-Committees</u>** The Committee discussed the way forward in relation to exception reporting from the Sub-committees.	
4.1	**Clinical Governance Committee** Celia Richards reported that due to Jane Wright's resignation, the Committee required a new Non-Executive Chair. David Law agreed to raise this issue with the Trust's Chairman.	**DL**
4.2	**Health & Safety Committee & Updated HSE Action Plan Progress Report** Roger Rawlinson presented the H&S Report and Action Plan. It was noted that the updated action plan had been endorsed by the H&S committee and would be sent to the HSE as requested. It was reported that a visit from the HSE was expected in either October or November 2006. It was noted that Ian Jones had produced an H&S Manual, which would be launched at the H&S Awareness Week in October 2006.	
4.3	**Human Resources Committee** Roger Rawlinson noted that the HR Committee had not met since the last Risk Management Committee meeting. Gary Etheridge highlighted that job matching/banding as per Agenda for Change process posed a strategic risk for the organisation. Roger Rawlinson confirmed that the appeal system would shortly be put in train.	
4.4	**Information Governance Committee** Ian Campbell confirmed that the inaugural meeting of the Information Governance Committee had recently taken place and that feedback on the key risk issues raised and discussed at the Committee would be noted at future Risk Committee meetings.	**IC**
4.5	**Environmental Risk Committee** An Environmental Risk Trust Strategic Risk Performance Report was tabled and	

	discussed by Simon Colbert. It was reported that members of the Environmental Risk Committee had recently had trouble in accessing DATIX, other than within their own fields. Nicola Moore advised that Lisa Savage would address this and rectify accordingly.	**LS**
4.6	**Finance & Planning Committee** David Law provided an overview of the Trust's current financial position and noted a variety of measures being put in place to address the Trust's current financial deficit.	
5.	**<u>Statutory Responsibilities</u>**	
5.1	**Standards for Better Health Update** Gary Etheridge noted that with effect from the 1st June 2006 that he had Executive responsibility for progressing and monitoring the delivery of the S4BH (Core and Development Standards). It was reported that the Healthcare Commission would be visiting the Trust on 28th June 2006 to conduct a random assessment of Five Core Standards which had been made in the Trusts Declaration in May 2006.	
5.2	**Health & Safety (Incl. Trust Wide Risk Assessment)** Nothing to report.	
5.3	**CNST ~ Acute & Maternity** **<u>Acute Trust</u>** It was reported that a Trust Action Plan for the new NHSLA Risk Management Standards has been produced and would shortly be circulated Trust-wide. **<u>Maternity</u>** It was noted that the Maternity Department was scheduled to undertake their Level 3 CNST assessment in January 2007.	**GE**
6.	**<u>Risk Management</u>**	
6.1	**Risk Management Performance Audit Report** Nicola Moore presented a Risk Management Performance Audit Report. Professor Ramsay asked that this report be added to the Agenda for discussion at the next Clinical Governance meeting.	**CR**
6.2	**Incident Analysis Report** Nicola Moore presented the Clinical and Non-Clinical Incident Report for Q1 2006 on behalf of Lisa Savage. It was agreed that it would be beneficial if future reports could have an Executive Summary, which highlighted key points. Nicola Moore agreed to action.	**NM**
6.2	**Risk Register Review ~ Strategic & Organisational** Nicola Moore presented the Risk Register Performance Report.	

	Gary Etheridge raised concern that certain known Strategic Risks do not currently appear on the Risk Register, e.g. finance, interim measures and infection control etc. A discussion ensued around the effectiveness of the current escalation system. It was concluded that this is well implemented and working well, but there was a need for Executive Directors to contribute to the population of the Risk Register as well. It was agreed that Nicola Moore would pick this up through her work on facilitating population of the Assurance Framework.	**NM**
7.	**Assurance Framework and Briefing Paper** Nicola Moore presented the updated Assurance Framework and Briefing Paper and noted that the management of populating the Framework had recently been subject to Internal Audit. It was reported that although some recommendations had been made, overall it had been confirmed that the Trust's process was satisfactory.	**NM**
8.	**Policies Ratified by the Clinical Governance Committee** The following policies were ratified by the Risk Committee: ♦ Algorithm for Discontinuing an Epidural Infusion Used for Analgesia Containing Local Anaesthetic and Fentanyl or Local Anaesthetic Only ♦ Cardiac Catheterisation Suite - Integrated Care Pathway for Day case Angiogram ♦ Guidelines for the Admission, Preparation, Peri Procedure Care, Post Procedure Care and Discharge of Patients Undergoing Angiography as a Day Case in the Cardiac Catheterisation Suite Using a Designated Care Pathway ♦ Policy for Perioperative Specialist Practitioner Led Discharge of Patients Practice Guidelines for Clinical Breast Examination by Perioperative Specialist Practitioner ♦ Protocol for Nurse-Led Gynaecology Services at Hemel Hempstead General Hospital	
9.	**Minutes Noted** ♦ Divisional Risk Leads Forum Minutes - 11th April 2006 ♦ Clinical Governance Committee Minutes - 16th May 2006 ♦ Environmental Risk Committee Minutes - 29th May 2006 ♦ Health & Safety Sub Committee Minutes - 7th March 2006 ♦ Emergency Planning Group Minutes - 8th May 2006 ♦ Pandemic Flu Working Group - 5th May 2006	
10.	**Any Other Business** None noted.	
	Dates and Times of Future Meetings: ♦ Thursday 5th October 2006, 14.00 - 16.00hrs, Post Graduate Centre, Cheere House, Hemel Hempstead ♦ Thursday 21st December 2006, 14.00 - 16.00hrs, Post Graduate Centre, Cheere House, Hemel Hempstead	

Annex 2

West Hertfordshire Hospitals NHS
NHS Trust

REVISED TERMS OF REFERENCE

TRUST RISK MANAGEMENT COMMITTEE

Status:	Sub-group of the Trust Board
Chair:	Non-Executive Director
Membership:	Chief Executive Chief Nurse/Director of Patient Services, Quality & Risk Assistant Director of Patient Services, Quality & Risk Medical Director Director of Estates and Facilities Director of Finance Director of HR Chief Operating Officer Director of Planning Director of Service Re-design Clinical Governance Manager Risk Co-ordinator Patient Representative Divisional Managers
Frequency of Meetings:	Quarterly
Quorum:	Seven

1. Remit

The purpose of the Trust Risk Management Committee (RMC) will be to ensure that the Board has a sound assessment of risk and that the Trust has adequate plans, processes and systems for minimising risk.

The RMC will be chaired by a Non-Executive Director and consist of the leads of the key working groups that cover each of the following areas of risk:

- Clinical
- Staff
- Environmental
- Finance and Performance
- Emergency Planning

2. Accountability

The Risk Management Committee will report directly to the Trust Board.

3. Organisational Relationships

- The Chair of the Risk Management Committee and the Assistant Director of Patient Services, Quality & Risk will maintain a direct link from the Risk

Management Committee to the Audit Committee by attending Audit Committee Meetings and providing assurance of effectiveness of the Risk Management programme within the Trust.

- To ensure the systematic review of risk across the Trust, the following Sub-committees of the Risk Management Committee will report to the Risk Management Committee at each meeting.

    - Health & Safety Committee
    - Environmental Risk Committee
    - Divisional Risk Leads Group

- To ensure the systematic review of risk across the Trust, the following Sub-committees of the Trust Board will report to the Risk Management Committee at each meeting:

    - Clinical Governance Committee
    - Finance & Performance Committee
    - Human Resources Committee
    - Investing in Your Health Programme Board

4. Responsibilities

- To provide the over-riding strategic direction and guidance to facilitate the development and implementation of risk management initiatives Trust-wide.

- To act as a central, co-ordinating management group ensuring that all related groups and committees identified within the Risk Management Strategy are working effectively and in accordance with the agreed risk management philosophy of the organisation.

- To promote a culture in which risk management will continue to develop as an integral, seamless component of the health care process.

- To establish risk management priorities within the Trust and assign responsibility to appropriate individuals and sub groups to address these priorities.

- To monitor the Trust Risk Register and associated action plans to reduce risk.

- To oversee the development of the Assurance Framework which systematically identifies risks that threaten the achievement of the Trust's objectives.

- Ensure that the means of complying with all statutory and other guidance such as that relevant to Standards for Better Health and National Health Service Litigation Risk Management Standards are in place.

- To report to the Trust Board on the management of significant risks and the progress in reducing risks through a regular report which includes agreed key Performance Indicators for the management of risk.

- To develop a reporting framework to ensure that the Trust is achieving compliance with all relevant statutory requirements and where feasible, good practice guidelines.

- To receive regular reports covering all aspects of risk (e.g. clinical risk via the Clinical Governance and Risk Committee, financial risk from the Audit Committee, Health & Safety risks from the Health and Safety Committee etc).

- To plan the co-ordination of Trust-wide controls for self-assessment, risk profiling activity and monitoring the controls once in place to ensure their efficacy.

- To ensure there is a range of information, training and promotion to facilitate and support staff awareness of risk management and assessment.

- To establish links with other bodies such as the Strategic Health Authority, local
- Primary care and other Trusts, Social Services etc where risk issues affect or are affected by such agencies.

- A Risk Management Annual Report of all Risk Management activities will be prepared and submitted to the Risk Management Committee for consideration.

- To regularly submit formally recorded minutes of the Risk Management to the Trust Board.

- The Risk Management Committee will keep a record of attendance.

- The Risk Management Committee will regularly monitor the effectiveness of the minimum requirements contained within these Terms of Reference in relation to membership and regular attendance and reporting arrangements. Where monitoring has identified deficiencies, recommendations and action plans must be developed and changes implemented accordingly.

5. Reporting Arrangements

The Risk Management Committee will ensure that the Trust Board has an annual plan covering each of the key areas of risk. This shall be followed by quarterly monitoring reports and by an annual report providing an overview of the year's activity. The Risk Management Group will maintain effective liaison arrangements with the Audit Committee.

Originally Written February 2003

Reviewed, Amended & Ratified by the Trust Risk Management Committee on 29th July 2004

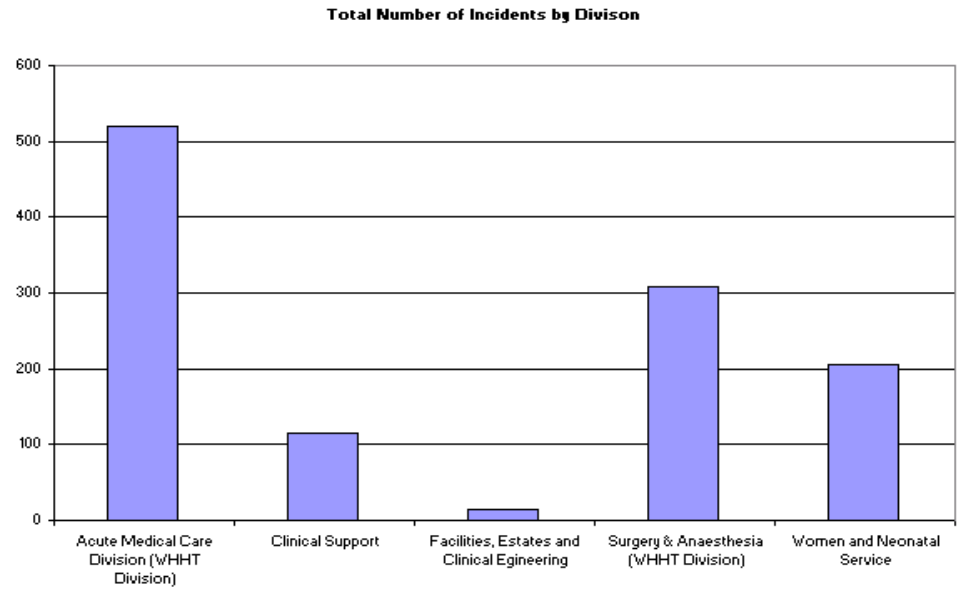
Reviewed, Amended & Ratified by the Trust Risk Management Committee on 15th June 2006

ANNEX 3

Patient Incident Summary Report

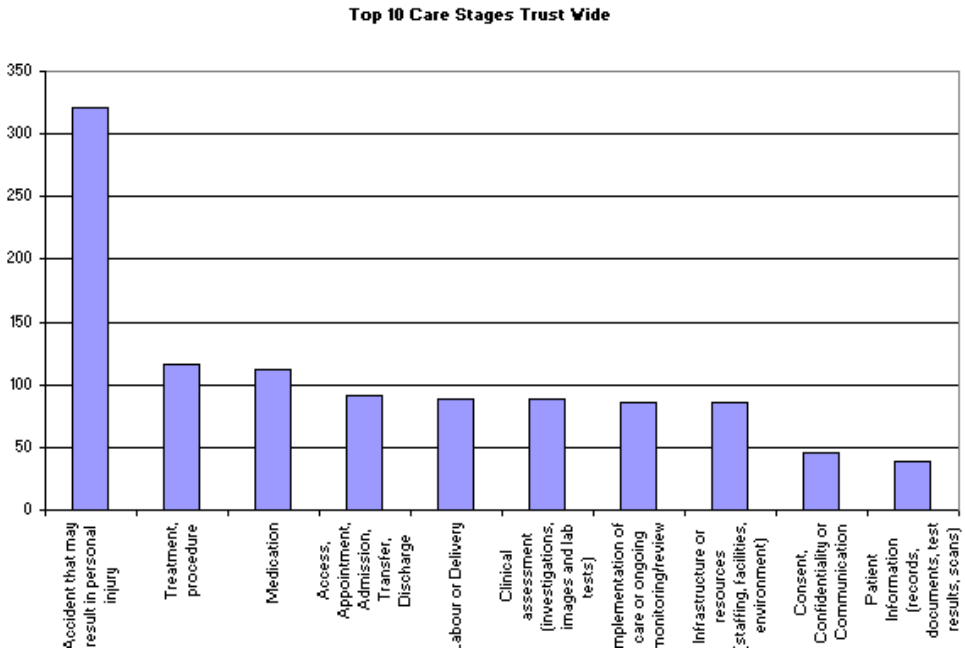
Q4 (1st January to 31st March 2006)

Trust Wide Incidents



There has been a drop in incident reporting within the Acute Medical Care Division. There were only 463 incidents reported for this Division compared to 520 last quarter. For all the other Divisions, there has been an increase in incident reporting.

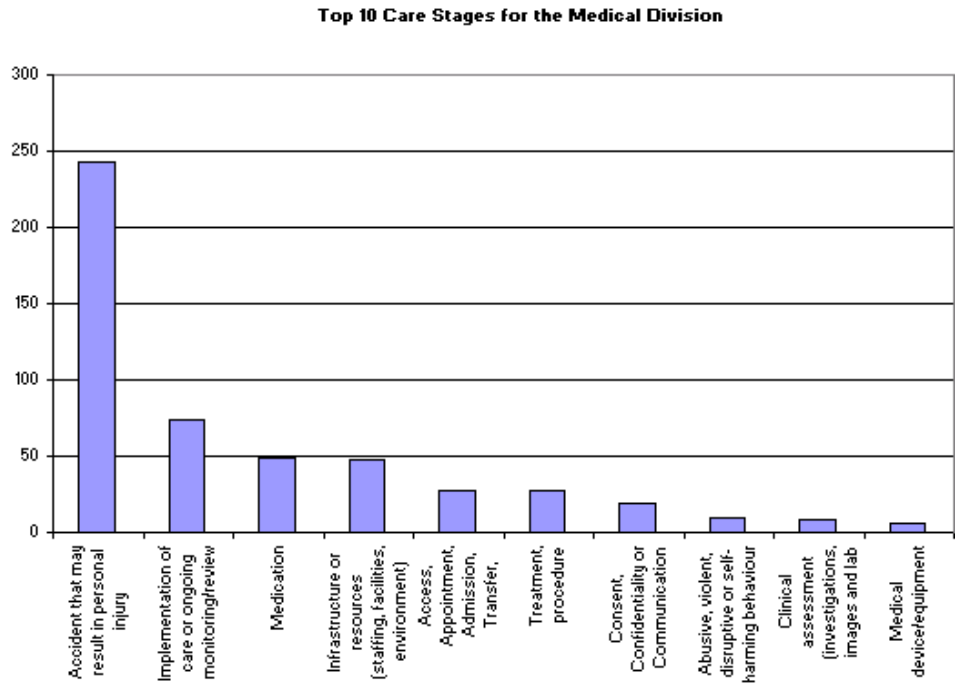
Trust Wide Care Stages (Stage at which incident occurred)



When comparing the top 10 Care Stages, Communication and Confidentiality feature within the top 10 whereas they did not in Q3. Medical Device/equipment incidents appeared in the top 10 for Q3 but not for Q4. Incidents relating to Accidents still remain as the most frequent incident type.

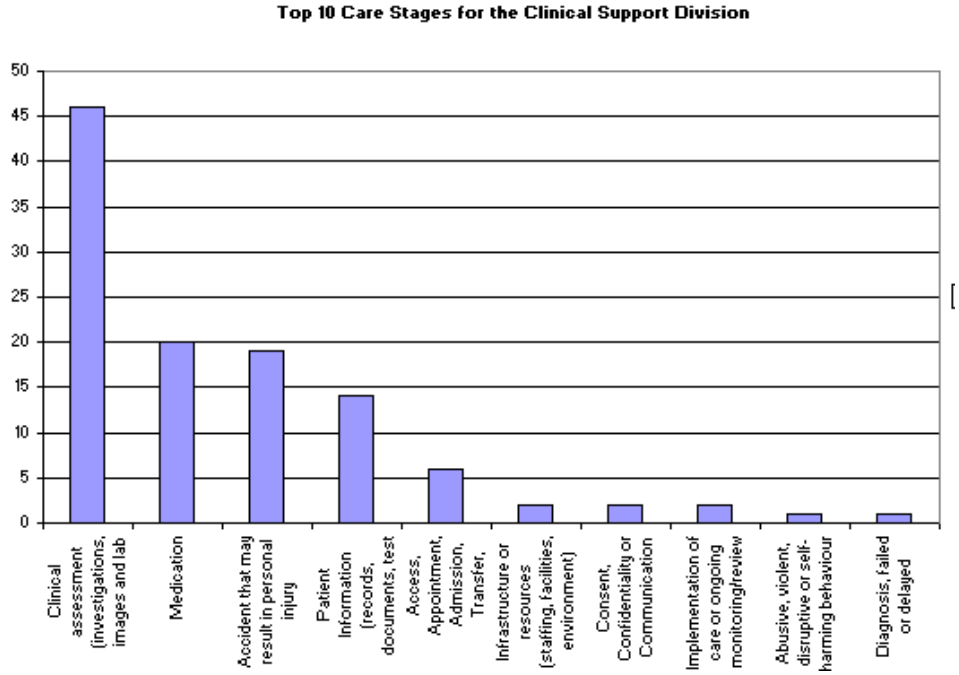
Top 10 Incidents by Care Stage For the Clinical Divisions

Medical Division



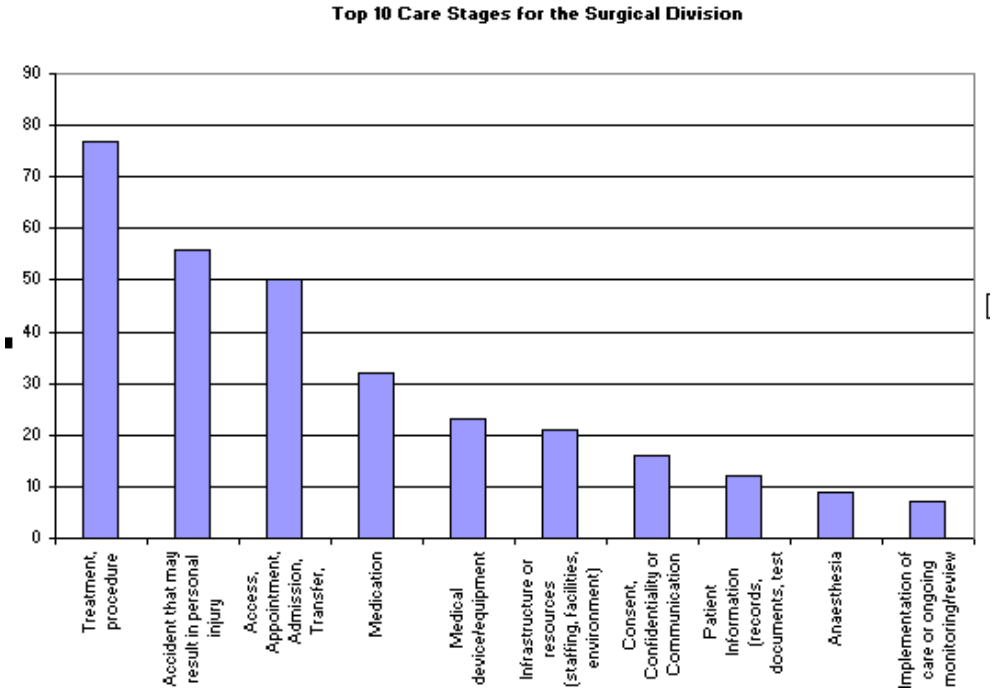
Abuse/Violence and Disruptive Behaviour are in the top 10 for Q4. Incidents of this type have not featured previously. Incidents relating to Patient Information (records etc) were in the top 10 for Q3 but not for Q4. Accidents that may result in personal injury are still the most common type of incident.

Clinical Support Division



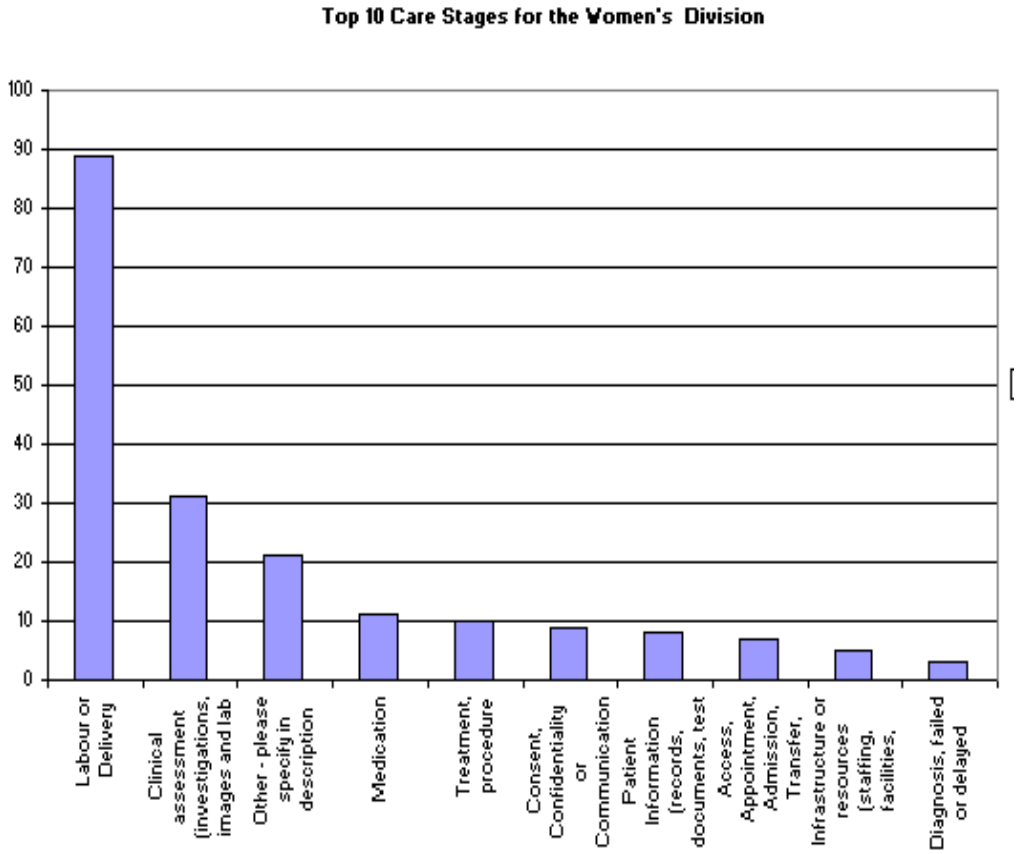
The Care Stages within the top 10 for Q3 and Q4 in this Division remain the same but the ordering has changed. Although the graph illustrates that there were 20 medication incidents for the Division, 14 of these were merely *reported* by the Division.

Surgical Division



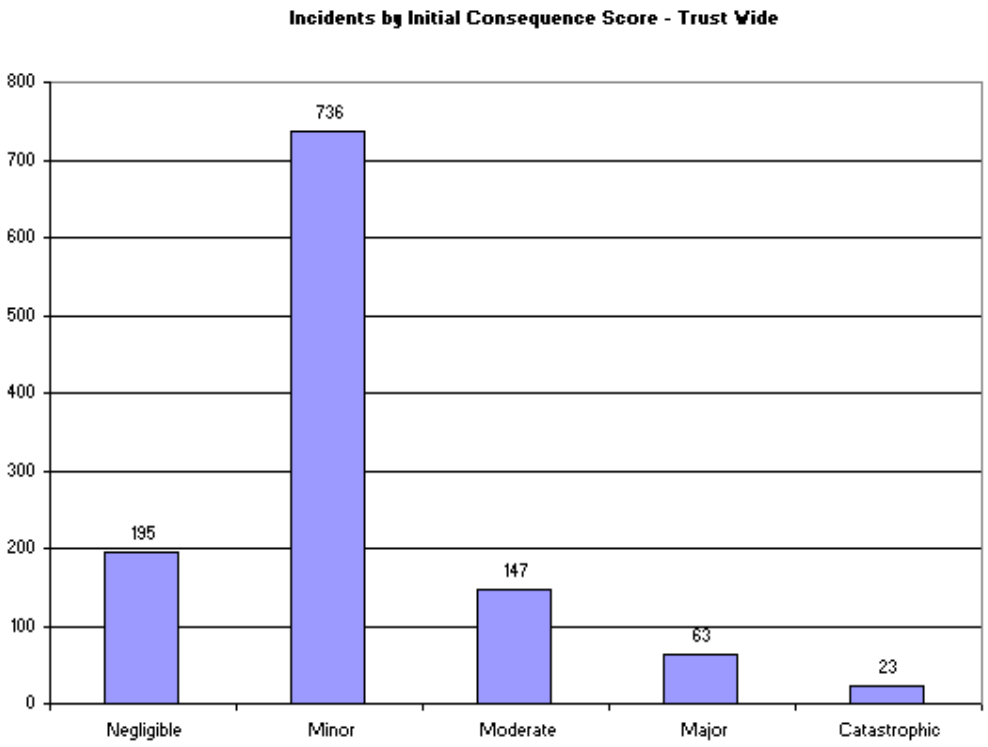
As with the Clinical Support Division, the Care Stages that feature in the top 10 for Q3 and Q4, are the same but the ordering is different. The numbers of incidents relating to infrastructure have dramatically decreased from 81 in Q3 to 32 in Q4.

Women's and Neonatal Services



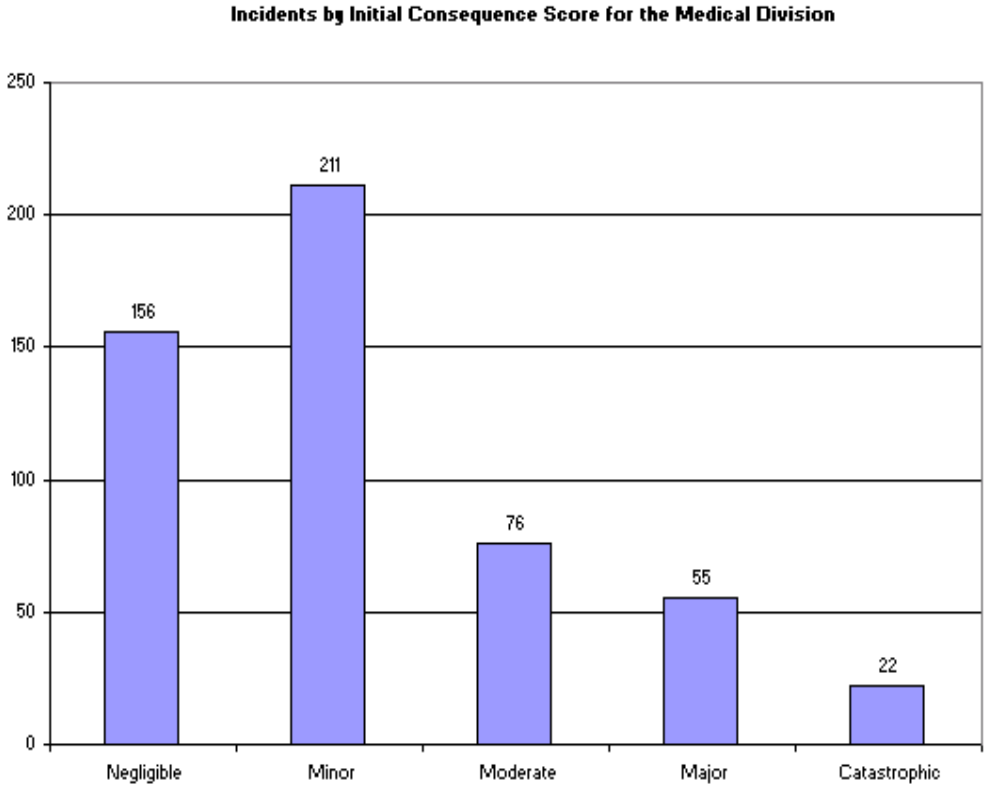
Accidents that may cause personal injury appeared in the top 10 for Q3 but not for Q4, which is very positive for the Women's Division. Incidents around failed/delayed diagnosis appeared for Q4 but not for Q3. This needs to be addressed within the Division, possible causes. identified and steps taken to rectify the position.

Initial Consequence Score - Trust Wide



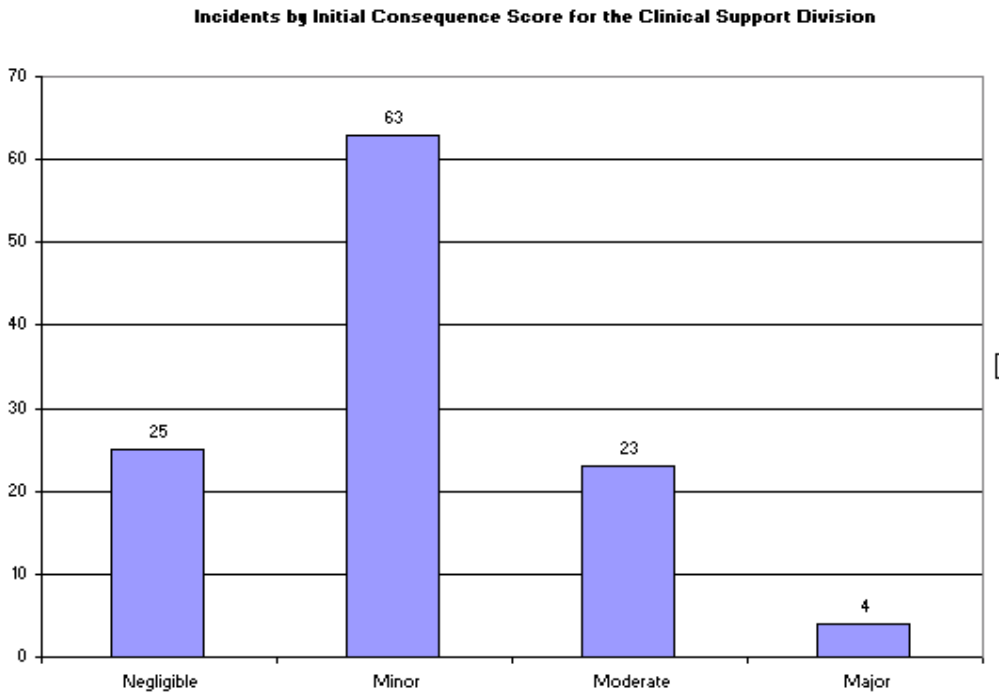
There were exactly the same number of Red incidents reported in Q3 and Q4. The number of minor incidents has dropped significantly in Q3 there were 785 whereas in Q4 there were only 736.

Medical Division



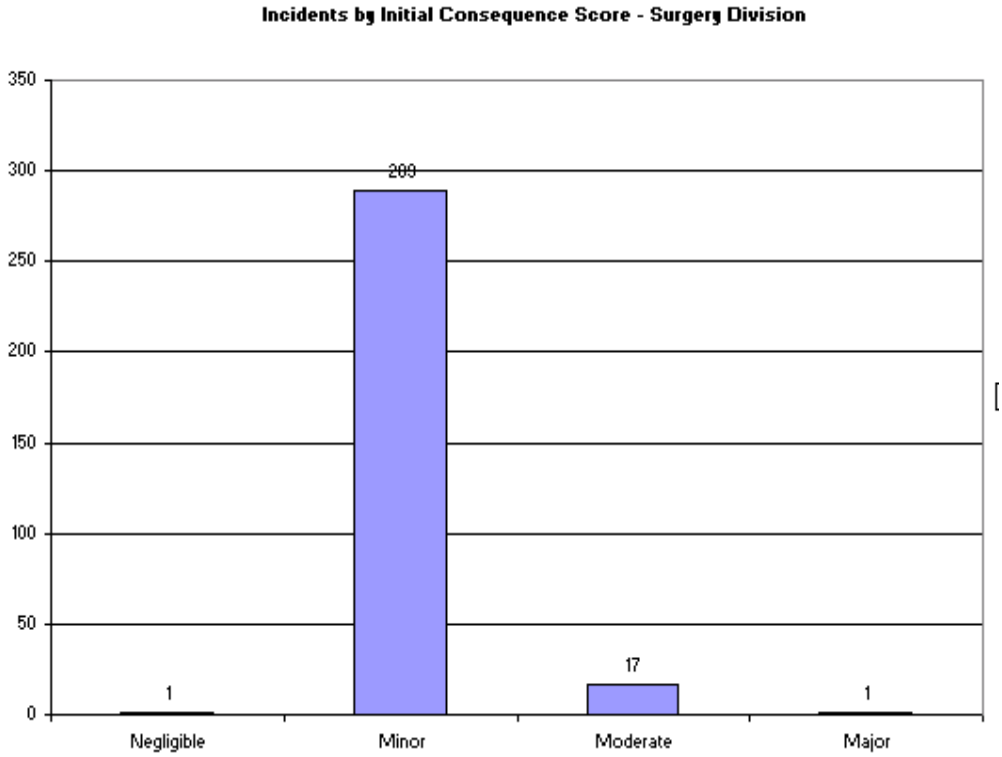
The number of red incidents remains the same. The number of minor incidents have increased; in Q3 there were only 170.

Clinical Support Division



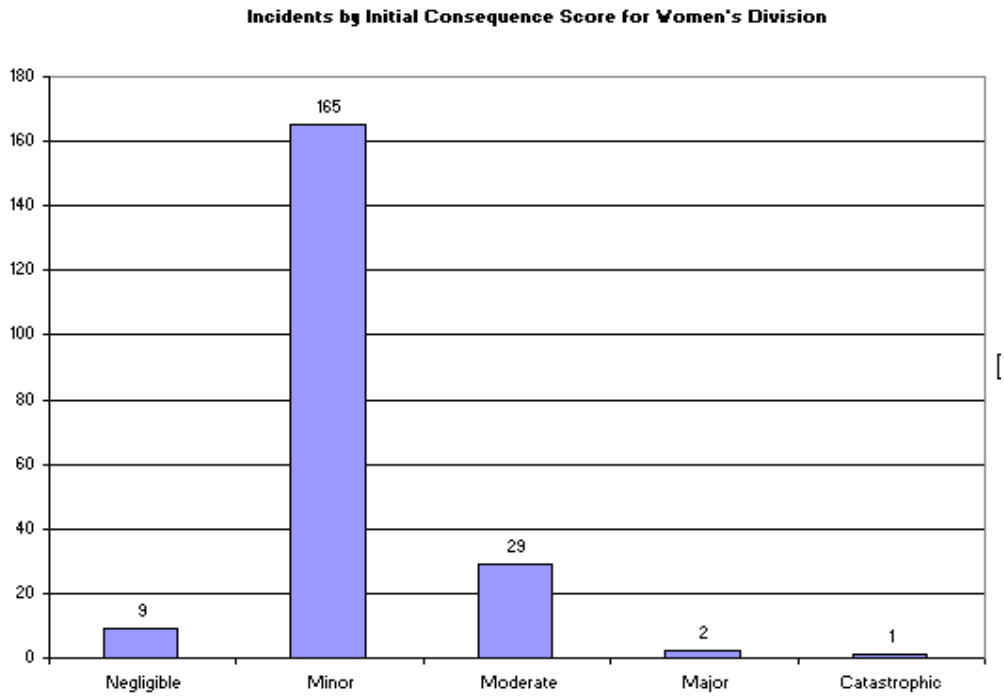
The number of minor incidents has dramatically decreased compared to Q3 when there were 88. It is good to see that no catastrophic incidents were logged, on Datix. for Q4

Surgical Division



The Surgical Division have not logged any catastrophic incidents in either Q3 or Q4. The trend with the Surgical Division remains the same; the incidents are mainly scored as Minor.

Women's and Neonatal Division



As with Surgery the majority of incidents, reported by the Women's Division are scored as Minor. The numbers of Moderate incidents have decreased. There were 53 in Q3 and only 29 in Q4.

Summary of Red Incidents

In the table below, the top 10 Adverse Events for Red incidents are listed. As shown in the table, with one exception (Women's & Neonatal Services Division) all the adverse events were logged under the Acute Medical Care Division:

Lack of suitably trained /skilled staff	**29**
Acute Medical Care	28
Women's and Neonatal	1
Unsafe / inappropriate clinical environment	**12**
Acute Medical Care	12
Inadequate handover of care	**5**
Acute Medical Care	5
Lack/unavailability of device	**3**
Acute Medical Care	3
Medicine not administered	**3**
Acute Medical Care	3
Frequency for taking of medication was wrong	**3**
Acute Medical Care	3
Failure to act on adverse symptoms	**3**
Acute Medical Care	3
Disruptive, aggressive behaviour - other	**2**
Acute Medical Care	2
Implementation & ongoing monitoring/review - other	**2**
Acute Medical Care	2
Fall from a height, bed or chair	**2**
Acute Medical Care	2

The Risk Management Department is aware that there remains some inconsistency in scoring within the Trust. To address this, a risk scoring benchmarking workshop was held in May 2006 and attendees worked through a number of example incidents to assess the scoring and provide rationale. Incidents were taken from Datix and had been entered on Datix from a number of Divisions. There were several examples where representatives of other Divisions did not concur with the score applied by Medicine. Unfortunately, as the Acute Medical Care Division were unable to attend this session a separate meeting therefore needs to be arranged with them to discuss the outcome.

For comparison purposes, the table below has been produced to show the top Adverse Events for the other Divisions.

Apgars <6 at 5 mins	**1**
Women's	1
Collision with an object	**1**
Clinical Support	1
Unsafe environment (personal safety, light, temp, noise, air)	**1**
Facilities	1
Hazardous and avoidable exposure to infection	**1**
Clinical Support	1
Accident of some other type or cause	**1**
Clinical Support	1
Wrong route for administration of medication	**1**
Surgery	1
Lack of suitably trained /skilled staff	**1**
Women's	1
Treatment/procedure - inappropriate/wrong	**1**
Women's	1
Wrong drug / medicine	**1**
Clinical Support	1

When looking at the top Adverse Events for Q3 (excluding the Acute Medical Care Division) 'Lack of Suitably Trained/Skilled Staff' is the only adverse event that appears in both top 10s. A recent report issued by the NPSA via the National Reporting and Learning System showed incidents of this nature for WHHT to be considerably higher than the average for other large acute organisations.

Incident Reporting by Clinical Speciality

In total, 1144 incidents were reported by the *clinical* specialities this equals to 98%. The specialities that reported these incidents, are listed in the table below

Adult Speech and Language Therapy	0
Anaesthesia	67
Antenatal Care	0
Audiology	0
Biochemistry	4
Blood Transfusion	1
Breast Surgery	5
Burns and Plastic Surgery	28
Cardiology	36
Care of the Elderly	156
Clinical Haematology	1
Colorectal Surgery	0
Colposcopy	0
Community Midwifery	0

When comparing 'Reporting by Clinical Speciality', over the last financial year, a number of specialities have never reported incidents. These specialities include:

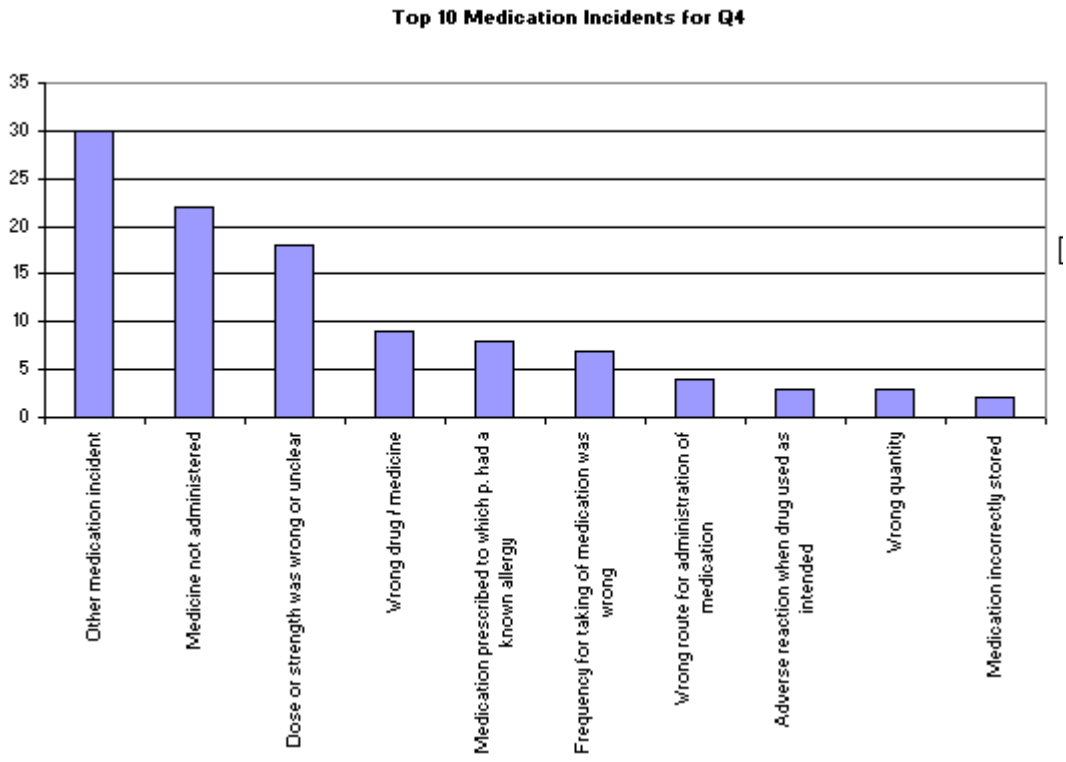
- Adult Speech and Language Therapy
- Audiology
- Colopscopy
- Dermatology
- Neurology
- Surgical Assessment Unit

There is also significant under reporting in the specialities of; Rheumatology, Immunology and Colorectal Surgery, where only one incident has been reported.

Cytology	12
Day Surgery	0
Dermatology	0
Diagnostic Imaging	0
Ear, Nose & Throat	10
Emergency Care	54
Endocrinology (inc Diabetes)	3
Gastroenterology	12
General Medicine & Sub Specialities	256
General Surgery	87
Gynaecology	47
Haematology	3
Histopathology	2
Immunology	0
Microbiology	15
Midwifery	15
Neonatal Intensive Care Unit	21
Neonatology	5
Neurology	0
Obstetrics	115
Ophthalmology	10
Oro-Maxilla/Oral Surgery	3
Outpatients Nursing Services	26
Pain Services	3
Pathology (See also separate depts)	2
Pharmacy	21
Phlebotomy	4
Physiotherapy	0
Portering	1
Pre Admissions Clinic	0
Radiology	22
Respiratory Medicine/Thoracic	1
Rheumatology	0
Sexual Health	0
Surgical Assessment Unit	0
Therapy Services	0
Trauma and Orthopaedics	75
Urology	21
Vascular Surgery	0

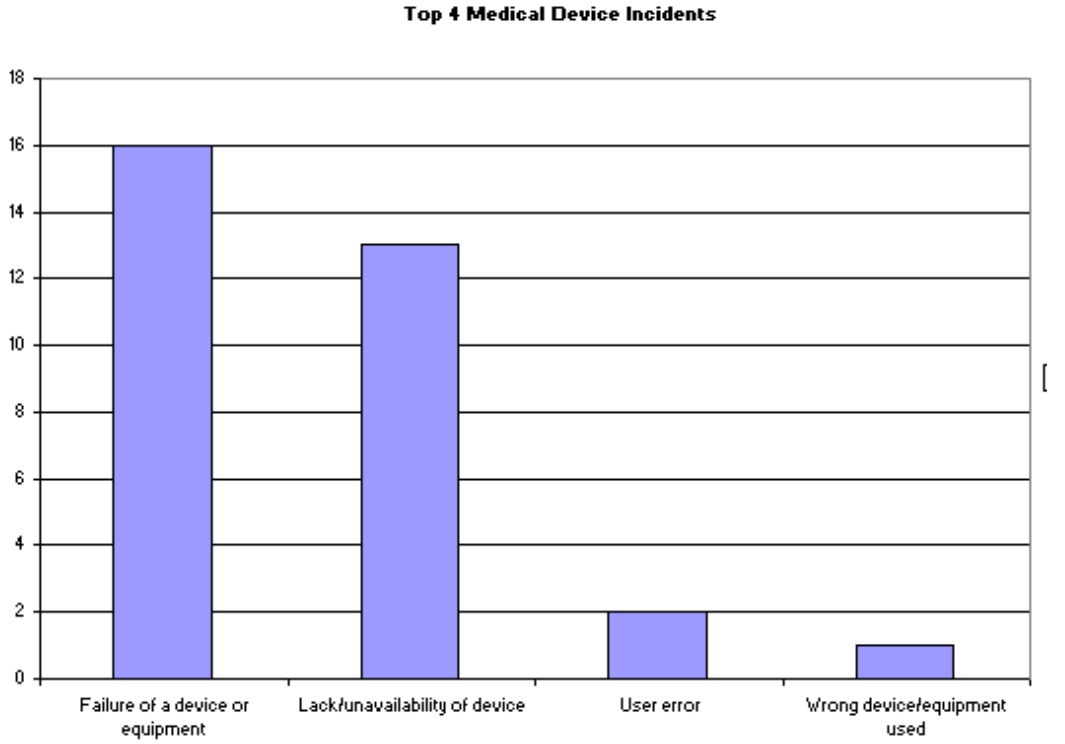
‘General Medicine and Sub Specialities’ reported the most number of incidents; this was also true for Q3.

Incidents



Incidents where the patient was given medication despite having a known allergy appeared in the top 10 for this quarter but not for Q2 or Q3. Incidents relating to Medicine not being administered were the most common type of medication incident for Q3 – 30 incidents but for this quarter it reduced to 22.

Medical Device Incidents



The trend for Quarters 2, 3 and 4 was that the top 2 adverse events were 'Failure of device or Equipment' and 'Lack/Unavailability of Device' There was one incident for 'Wrong device Equipment Used' which did not come up in Q2 or Q3.

Near Miss Incidents

For this quarter, 113 Patient Safety Incidents were logged as a near miss, compared to 80 in quarter 3. There has been a gradual rise in 'near miss' reporting over the last 3 quarters. This is an encouraging trend, provided areas for improvement are identified and lessons learned before the adverse incident actually occurs. It is a message that is highlighted to all staff attending mandatory training.

Near Miss Reporting by Adverse Event Q4 (Top 10)

Fall from a height, bed or chair	8
Dose or strength was wrong or unclear	7
Lack of suitably trained /skilled staff	7
Wrong drug / medicine	7
Suspected fall	6
Treatment, procedure - other adverse event	5
Other medication incident	5
Patient incorrectly identified	4
Medicine not administered	3
Wrong route for administration of medication	3

Incidents where there has been a 'fall from a height, bed or chair' did not feature in the top 10 for Q3 but as can be seen here it is at the top. The top adverse event, for Q3, related to a wrong quantity of medication.

Although incidents around a 'Lack of suitably trained/skilled staff' did feature in the top 10 for quarter 3 the prevalence now is higher – there was only 3 incidents for Q3 but there were 7 incidents in this quarter. As seen in the above section of this report, staffing issues also appeared in the top 10 for incidents that were not logged as a near miss.

Incidents Resulting in Claims or Complaints

2 Patient Safety Incidents for this quarter have become a complaint. One related to patient's surgery being cancelled by the anaesthetist. The other complaint related to hygiene levels on ITU, with the complainant citing the levels as the reason why his mother contracted MRSA. The number of complaints, arising from a Patient Safety Incident was 3 for quarter 3 hence there has been a small improvement.

In quarter 3, a claim arose from an incident where a patient's tooth was dislodged and this incident has been repeated this quarter - the tooth cracked and the patient therefore needed a cap or a crown put onto the tooth. It is known that this is a risk feature of anaesthetic/surgical procedures.

Incident Reporting by Staff Groups

Acting manager	0
Administrator	17
Agency Midwife	3
Allied Health Professionals (AHP's)	3
Anaesthetist	0
Biomedical Scientist	41
Blood Transfusion Nurse Specialist	0
Catering Staff	0
Community Midwife	0
Consultant	18
Contractor	0

Domestic	0
HCA	23
House Officer	2
House Keeper	1
Infection Control Nurse	0
Lab Assistant	0
Librarian	0
Locum Staff	1
Manager	3
Midwife	108
Modern Matron	1
Nursery Nurse	0
Nurse Practioner	45
Occupational Therapist	1
Operating Department Practioner	6
Pharmacist	14
Physiotherapist	3
Porter	0
Practice Development Nurse	0
Registrar	5
Senior Health Care Assistant	1
Service Manager	0
SHO (Senior House Officer)	5
Sister/Charge Nurse	240
Specialist Registrar/Nurse	3
Staff Grade	0
Staff Nurse	274
Student Nurse	5
Theatre Nurse	0
Unknown	2
Volunteer	0
Total	**825**

The levels of reporting for Midwives, Staff Nurses and Sister/Charge Nurses remain high.

The population of the 'Reported By' field still remains low (71%), it is hoped that this field will be more widely used following the audit work which the Systems Administrator is currently undertaking.

Lessons Learned

Women's and Neonatal Services
Following investigation into a number of serious untoward incidents, it was apparent that staff were not sufficiently assertive on issues such as escalation to a senior colleague, when a second opinion is required.

The Division are now providing action learning for senior midwives to help with decision making skills and this initiative is being supported by the University of Hertfordshire, with their tutors providing the facilitation.

Health Records
Traffic within the Health Records library has increased steadily over a period of time, with a considerable backlog now accumulated. This situation has been exacerbated by the increased demand for records due to the coding programme. The knock-on effect of this is an increase in the number of incidents reported relating to the unavailability of records.

The department has put in place a number of control measures to address this situation being:

- Requests for records that cannot be located are referred to the department manager
- Consideration being given to converting vacant Band 2 hours into additional Band 1 night filing posts
- The departmental 'weeding' budget is being amalgamated to allow this project to be undertaken as soon as possible, thereby clearing space on the shelves for additional files. The programme of weeding allows for removal to off-site storage of all files that have been inactive for a period in excess of 3 years.

Surgery
The exception reports for this Division in recent months have highlighted issues relating to the image intensifier. During March/April this malfunctioned and was taken out of service 4 times in one week. This equipment is regularly serviced however; it highlights the requirement for a contingency plan, especially where there is only one item of equipment available.

The Division do not have the funding for additional equipment but are undertaking continuous review and liaison with Clinical Engineering.

Acute Medical Care

Nurse Led Discharge

The Acute Medical Care Division identified a recurring theme that related to poor discharge planning resulting in unplanned early and late discharges. The risk impacted on costs, management and utilisation of resources, complication and re-admission rates and communication between acute and primary care teams. To address these issues the Acute Medical Care Division developed a Trust Nurse Led Discharge Policy to ensure that patients have a rigorous assessment of their individual needs undertaken by skilled nurse thus preventing delays in discharge and ensuring the discharge is effective and safe.

Since the implementation of the Nurse Led Discharge Policy in January 2006 a total of 105 discharges have been nurse led.

Vulnerable Adult

Several serious incidents demonstrated the need for a proactive approach to the identification and management of patients to ensure they receive the appropriate protection and support.

Analysis of incident data identified key patient groups (frail elderly admissions from the community with poor skin integrity, dehydration, poorly nourished and inappropriate bruising, patients with learning disability, patients with mental health needs, including self harm and patients withdrawing from alcohol and substance abuse, frequently with Chronic Disease, often homeless, with challenging behaviour including violence, aggression and individualised needs).

It was apparent that in order to identify coherent processes to control risks associated with the management of the vulnerable adult, a cross-boundary approach would be required. As such several multidisciplinary working parties (acute, mental health, learning disability and adult care services) have been developed. Key changes to practice already implemented include a Trust Elderly Vulnerable Adult Referral Form and a Health Booklet for Hospital specifically for patients with learning disabilities.

Work continues with the planned implementation of a Vulnerable Adult Policy, Missing Persons Policy and an Adult at Risk Assessment Tool.

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