West Hertfordshire Hospitals NHS
NHS Trust

Agenda item 15

Public Board Meeting, 10 January 2008

Management Progress Report - for information and to note contents

Report from Professor Graham Ramsay, Medical Director**:**

Purpose

1. The Trust Board discussed the progress of its Risk Management arrangements at its meeting on 7th July 2007. This report provides the Trust Board with a further up-date on progress.

Process

2. The Trust Risk Management Action Plan continues to be updated on a regular basis, and is available on request from the Head of Clinical Governance, Quality & Risk. Work in progress is currently on target in the majority of areas.

3. The Trust appointed a new Risk Manager, Abeeda Ladha in August 2007. The Risk Manager's focus for the remainder of the financial year will be to progress the Trust action plan to ensure compliance with the NHSLA standards at Level 1 ahead of its planned assessment in March 2008 and implementation of the electronic incident reporting form. As part of the process, the following Risk Management Policies are being reviewed and implemented:

   - Incident Reporting & Investigation Policy
   - Procedure for A Systematic Approach To Incidents, Complaints and Claims Management, Analysis and Sharing Safety Lessons
   - Policy & Procedure for Responding to Concerns (PALS) & Complaints (Including Being Open Principles)
   - Risk Management Strategy (Annual Review)

4. The Incident Decision Tree was reviewed at the Human Resource's last team meeting. It was agreed that prior to implementation, HR would pilot it in practice where there is a query over disciplinary action as a result of a reported incident. A further update will be provided on whether this is to be implemented further will be included within the next Risk Management Progress Report.

5. In September & December 2007, the Risk Management Department produced two Incident Reports: Clinical and Non-clinical, for Quarter 1, 1st April – 30th June 2007 and Quarter 2, 1st July – 30th September 2007 respectively. These were circulated to the Risk Management Group. The reports provide an analysis of all clinical and non-clinical incidents reported within the Trust, highlighting hot spots and themes. For further details refer to the Executive Summaries in Annex 1.

6. There are now 1257 risks on the Risk Register. Of these, 325 are still open and 932 closed. 83 new risks were opened in the second quarter of this financial year, of which 60 are logged to the Division of Estates and Facilities. In total 34 risks were closed during the same period, of which 32 related to Estates/Facilities issues

7. The Trust is now progressing against the NHSLA Action Plan as mentioned in (3) above. The current position for the Trust is as set out below:

Policies ratified and compliant with NHSLA standard	15
Policies in existence but require either review to ensure compliance or ratification	35 (All awaiting ratification at relevant committees)

9. Progress against the Standards for Better Health was formally reported to the Trust Board on 11th October 2007. The next planned progress report to the Trust Board is planned for 10rd January 2008. The Trust is currently compliant in 38 out of 43 Core Standards.

10. The Trust's latest updated Assurance Framework was reviewed and considered at the Trust Risk Management Group on 7th September 2007. It is recommended to the Trust Board that in light of the recent appointment of its interim Chief Executive and subsequent structural reorganisation, the Trust review its Strategic Objectives and the Assurance Framework accordingly.

11. The Risk Management Department has now produced a project plan for the implementation of the DatixWeb electronic incident reporting form. A pilot implementation study will commence early next year.

Conclusion

The Trust Board is asked to note the above.

Professor Graham Ramsay
Medical Director

December 2007

APPENDIX 1

Report From: Systems Administrator

To: Risk Management Group

Subject: Executive Summary of Non Clinical Incident Data Report (1st April to 30th June 2007.)

Date: 29th August 2007

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1. Introduction

This paper is written to provide the Risk Management Group with a summary of the Non-Clinical Incident Data Report - 1st April to 30th June 2007.

Data will be compared for the equivalent period of 2006, and also with last quarter's data.

2. Summary of Findings (Overall Statistics Page 1)

The numbers of non-clinical incidents, entered onto Datix, during this quarter have reduced by 19%. However, in comparison with the same period last year incident reporting has increased by 8%

Top Care Stages by Division (pages 2 - 4)

It is positive to note that incidents, relating to verbal abuse, did not feature within the trust wide top 10 adverse events. These incidents have appeared within the top 10 for the previous two quarters.

The division of Facilities, Estates, Clinical Engineering and Fire Safety was the only division where no incidents, relating to lack of staff were recorded within the top 10. Consequently, lack of staff incidents, accounted for 22% of all non-clinical incidents.

Three out of the five divisions had adverse events, within their top tens, relating to health care records.

Incidents by Initial Consequence Score (pages 4 – 7)

The scoring of non-clinical incidents has remained consistent with last quarter. The most notable difference is the increase of moderate incidents. 23% of incidents were scored as moderate during quarter 4 compared with 31% during this quarter.

Major and Catastrophic Incidents (pages 7 – 8)

As a trust, the number of major incidents has significantly decreased; it is thought that audit work by the Systems Administrator contributed towards this decrease. (Audit work involved questioning Risk Leads about the scoring of incidents.) Quite a

few incidents relating to lack of staff were re-scored however; 'lack of suitably trained staff' is still the top adverse event for incidents scoring 4 and 5.

During the previous three quarters the medical division have had catastrophic incidents. The situation has now changed; no catastrophic incidents were recorded for this quarter. There has also been a reduction in the number of major incidents within the division of medicine.

Clinical Informatics reported two 'red' incidents during this quarter. This division has not reported any red incidents since quarter 2 ~ 2006.

The problem with Lancer machines and the leak of Aperlan still remains a problem.

Reporting by Speciality (page 8)

Compared with the same period last year, the percentage of specialities, reporting non-clinical incidents has decreased. 47% of specialities reported an incident this quarter compared with only 52% in the same period last year.

There has been a significant decrease in the incidents reported under the speciality of site management/security. During quarter 4 10% of incidents were reported by this speciality compared to less than 1% for this quarter.

Reporting by Staff Groups (page 8)

A significant higher percentage of staff groups reported an incident this quarter compared with last quarter (81% and 69% respectively.)

Heidi Buckell
Systems Administrator
August 2007

APPENDIX 2

Report From: Systems Administrator

To: Risk Management Group

Subject: Executive Summary of Patient Incident Data Report (1st April to 30th June 2007.)

Date: 29th August 2007

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1. Introduction

This paper is written to provide the Risk Management Group with a summary of the Patient Incident Data Report - 1st April to 30th June 2007.

Data will be compared for the equivalent period of 2006, and also with last quarter's data

2. Summary of Findings (Overall Statistics) Page 1)

There has been a very slight increase in incident reporting compared with the last quarter (4% increase.) However, the rate of reporting has decreased compared with quarter 1 of 2006 (22% decrease.)

2.1 Top Care Stages by Division (pages 2 - 4)

Patient accidents featured in the top 10 care stages for each division. 43% of the incidents, within the care stage of accidents, related to patients falling down on a level ground.

Incidents relating to Access/Admission/Transfer and Discharge also featured in the top 10 care stages for each clinical division. Absconding patients and patients taking their own discharge made up 22% of all incidents within this particular care stage.

2.2 Incidents by Initial Consequence Score (pages 4 – 6)

The trend of scores was similar to that in quarter 4, the majority of incidents were scored as minor. (63% were minor during this quarter and 50% during the last quarter.

2.3 Major and Catastrophic Incidents (page 7)

There has been a decrease in the numbers of 'red' incidents. During this quarter 17 incidents were scored as red compared with 29 in quarter 4. It is thought that incidents of reduced staffing levels have previously been included in the 'red' incidents. Prior to the publication of this report the Systems Administrator audited staff shortage incidents and after liasing with the division managed to get the score reduced.

More MRSA incidents are now being scored as major and catastrophic. It is suspected that these types of incidents are now being scored higher, following guidance from the Risk Management department.
The Acute Medical Division still reports the majority of catastrophic and major incidents

2.4 **Reporting by Speciality (page 8)**
The specialities of Emergency Care and Care of the Elderly have reported less incidents this quarter compared with last quarter.

During quarter 4, 16 specialities failed to report an incident and during this quarter 15 specialities failed to report an incident. Therefore a consistent trend remains.

2.5 **Medication Incidents (page 9)**

In the previous two quarters, the top 10 adverse events of medication incidents included incidents where patients were prescribed medication, which they were allergic to. During this quarter no such incidents were reported.

2.6 **Medical Device Incidents (page 9)**
When comparing this report to the report with quarter 4 it is apparent that during quarter 4 there was a sudden rise in incidents where medical devices were not available. 47% of incidents, in quarter 4, related to equipment not being available compared to only 10% during this quarter.

2.7 **Incidents Relating to Claims and Complaints (page 10)**

Two incidents, each during this quarter and quarter 4 related to a complaint being made, one of which, from each quarter, related to a patient being dissatisfied with their treatment. Both of the complaints, which were made, have now been closed.

No incidents, for the past two quarters have resulted in a claim being made.

2.8 **Reporting by Staff Groups (page 10)**
Compliance with entering the staff group, which reported the incident, has remained high. There were five different staff groups who reported incidents during this quarter but did not report during the last quarter.

Heidi Buckell
Systems Administrator
August 2007

APPENDIX 3

Report From: Systems Administrator

To: Trust Board

Subject: Executive Summary of Non Clinical Incident Data Report (1st July to 30th September 2007.)

Date: 4th December 2007

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3. Introduction

This paper is written to provide the Trust Board with a summary of the Non-Clinical Incident Data Report - 1st July to 30th September 2007.

Data will be compared for the equivalent period of 2006, and also with last quarter's data. When comparisons are being made with the same period last year it is important to note that differences *are* expected because the 2006 report was produced at a much later date.

4. Summary of Findings (Overall Statistics Page 1)

Compared with quarter 1 incident reporting has decreased by 33%. The two main divisions who reported a lower percentage of incidents, during quarter 2 were Medicine and Women's and Children's

There remains to be a problem with low levels of staff. St Peters ward and Aldenham ward being the most affected.

Top Care Stages by Division (pages 2 –4)

In the report, incidents which related to health records being missing were compared with the same period in 2006. There has been an increase, during this quarter, for both the divisions of Surgery and Women's and Children's – all these reported incidents affected outpatient clinics. (When presenting these statistics to the Risk Management Group, a breakdown of the incidents was requested for the next meeting, which is scheduled for March.)

Incidents by Initial Consequence Score (pages 4 -6

The comparisons in this section were also made with the same period in 2006 as opposed with quarter 1. Both Clinical Support and Medicine had a decrease in the numbers of incidents, which were scored as 'major.' However, the number of major incidents doubled for the division of Facilities.

Surgery had a slight increase in incidents, which were scored as 'major.' All of the major incidents for Surgery, related to staff injuries and all were RIDDOR reportable.

Major and Catastrophic Incidents (page 6)

Incidents relating to *Lifting, the Treatment/Procedure being wrong* and *Trips* were the incident types which were the most common within the 'red' incidents. All the incidents relating to these types were reported by the medical division and the surgical division.

Reporting by Speciality (page 7)

Radiology and Ophthalmology have reported more incidents during this quarter compared with the numbers that they have reported over the last six quarters.

Reporting by Staff Groups (pages 7-8)

Personnel working on the wards (Nurses, Midwifes and Health Care Assistants) reported the majority of incidents. 65% of staff groups reported an incident during this quarter.

Heidi Buckell
Systems Administrator
December 2007

APPENDIX 2

Report From: Systems Administrator

To: Trust Board

Subject: Executive Summary of Patient Incident Data Report (1st July to 30th September 2007.)

Date: 4th December 2007

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3. Introduction

This paper is written to provide the Trust Board with a summary of the Patient Incident Data Report - 1st July to 30th September 2007.

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4. Summary of Findings (Overall Statistics) Page 1)

The first graph compares incident reporting during Q2 of 2007 with incident reporting during Q2 of 2006. The findings are that incident reporting has decreased by 24%

When making comparisons with the same period last year, as with the non-clinical report, it is important to note that differences *are* expected because the 2006 report was produced at a much later date.

Incidents relating to Labour/Delivery have continued to increase and this has been true over the past 3 quarters. During quarter 2 of 2007 the majority of these incidents related to third degree tears.

2.9 Top Care Stages by Division (pages 2 – 4)

Within the division of Clinical Support, in comparison with Q2 of 2006, there has been a significant decrease in the numbers of reported incidents which relate to Access, Admission, Transfer and Discharge yet within the division of Women's and Children's these type of incidents have doubled.

The trend within the surgical division is beginning to shift with less incidents now being related to 'Treatment/Procedure.' The most common type of incident for this quarter is now Accidents that may result in personal injury

2.10 Incidents by Initial Consequence Score (pages 4 – 6)

A decrease in the numbers of incidents which was scored as major was reported within the division of medicine yet a slight increase in these incidents were reported within the division of surgery.

The last incident which scored as catastrophic which was reported within the Women's and Children's division was in January 2006.

2.11 Major and Catastrophic Incidents (page 7)

Of the major and catastrophic incidents which were reported in both quarter 1 of 2007 and quarter 2 of 2007, the majority resulted in a compromised patient outcome.

36% of 'red' scoring incidents related to MRSA with the most common type cause being pre-48 hour.

The division of medicine reported the majority of 'red' incidents during quarter 2 of 2007. Heronsgate ward had two 'red' incidents relating to patients being reported missing from the ward.

2.12 Reporting by Speciality (page 8)

Midwifery and gynaecology are the two specialities where a decrease in incident reporting has been noted.

2.13 Medication Incidents (page 8)

Incidences of medication not being administered have dropped off compared with quarter 2 of 2006. However, there has been an increase in the numbers of incidences relating to medication being incorrectly stored.

2.14 Medical Device Incidents (page 9)

The most common device which was unavailable was a Baxter Pump. Due to a pump being unavailable the necessary fluids could not be given to patients, causing one patient to become dehydrated.

2.15 Incidents Relating to Claims and Complaints (page 9)

Only one incident gave rise to a complaint during this quarter this was due to nurses giving the patient the wrong blood. No incidents gave risk to a claim.

2.16 Reporting by Staff Groups (page 9)

Information on the staff group who reported incidents is still being well documented onto Datix. Consultants were the staff group who reported fewer incidents this quarter compared with the last two quarters.

Heidi Buckell
Systems Administrator
December 2007