ITEM 7

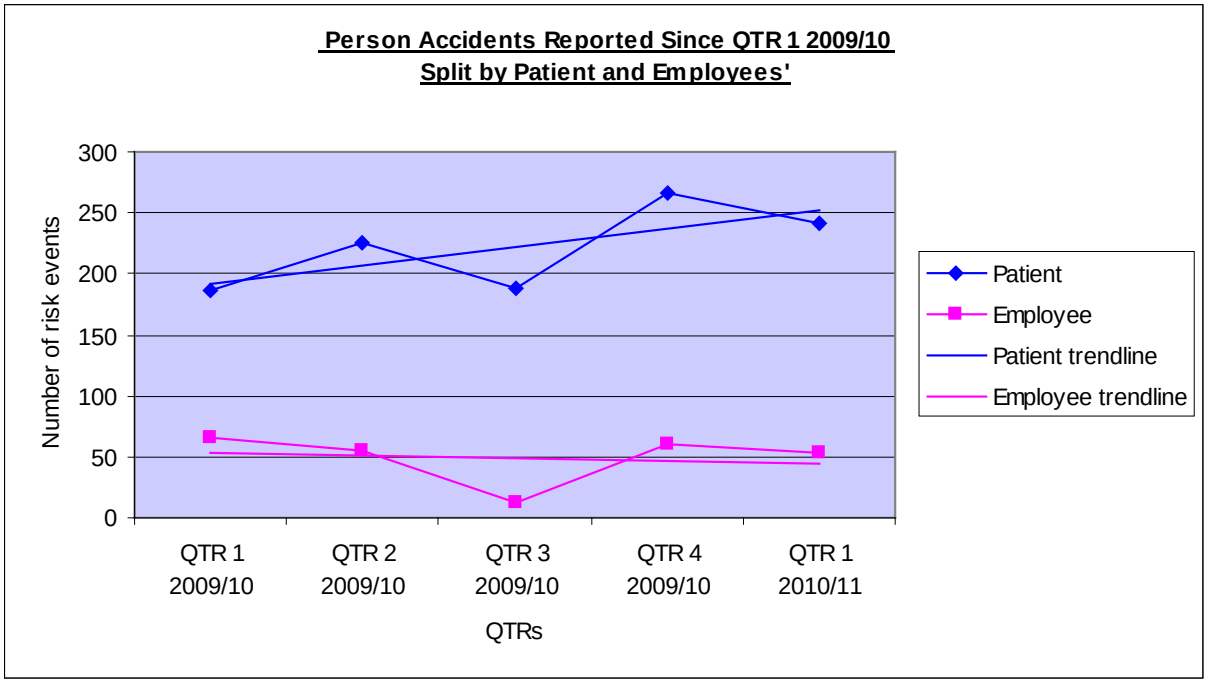
Report to the Board of Directors 8th September 2010	
Subject	**Risk Management Report**
Purpose	To provide an overview of the risk profile for the Trust.
Responsible Executive	Director of Nursing and Operations
Author of attached Report	Suzanne Slight, Head of Risk Management
Summary	This report includes details of risk events (incidents) occurring during the six months from January to June 2010. It provides details of serious untoward incidents, the investigation findings and action plans. A legal claims report shows the activity for the last financial year. The safety alert report draws to the Board's attention those that have not been completed within the national time-scale and the plan to address this. Also attached is the current risk register, which was reviewed by the Executive team earlier in August 2010.
Paper Seen By	Director of Nursing and Operations
Strategic Impact	An organisation that manages risks proactively provides assurance to the public and commissioners that services provided are safe and robustly managed.
Risk Evaluation	Inability to meet national timescales on safety alerts heightens public anxiety around the services provided and can impact on governance rating with monitor.
Impact on Care Quality Commission Registration	None specifically relating to the report.
Legal Implications	Failure to meet required standards will not meet our contractual obligations and could invoke penalties.
Financial Implications	None specifically relating to the report.
Recommendation	The Board are asked agree the report.
Action Required by Board of Directors	The Board are requested to scrutinise the risk report for quarter 4 2009/10 and Quarter 1 2010/11

Risk Management Quarterly Report to the Board of Directors

QTR 4 2009/10 and QTR 1 2010/11

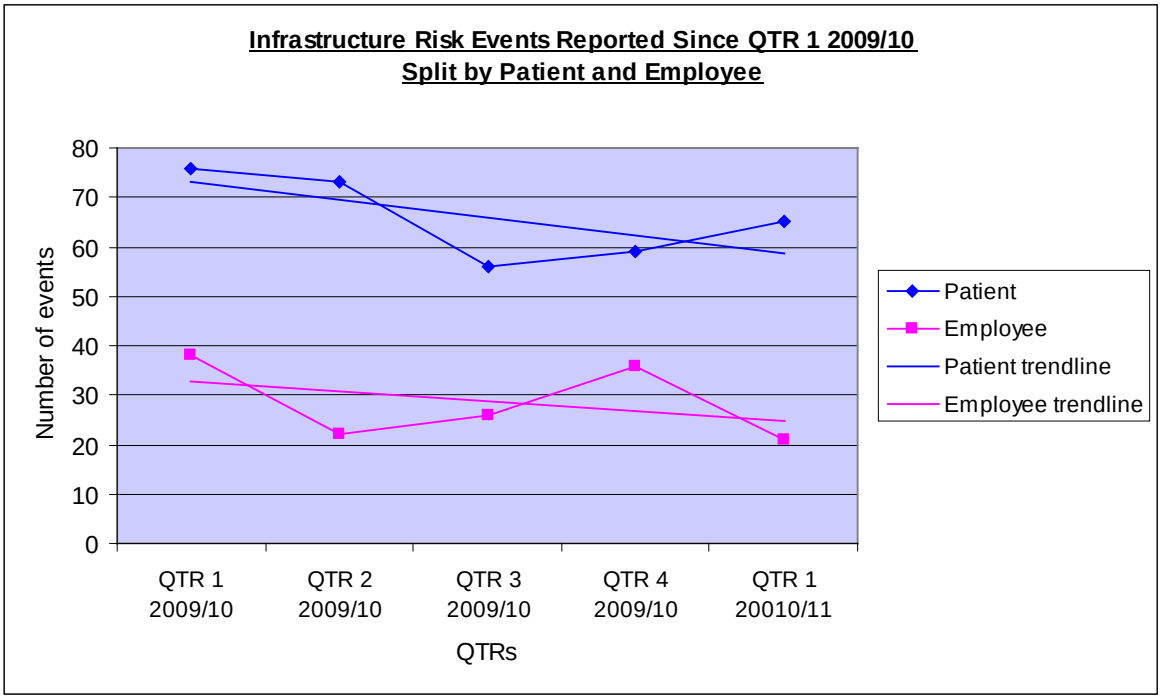
The following graphs shows the top 5 Categories of risk events reported during the six months from January to June 2010, with a comparison of Patient and employees' incidents.

Person Accident



There has been an improvement in the reporting of slips, trips and fall, particularly from the Medicine for Older People Wards. The Matron has been raising awareness with staff the importance of reporting, as a reduction was identified immediately following the implementation of Datix on-line reporting.

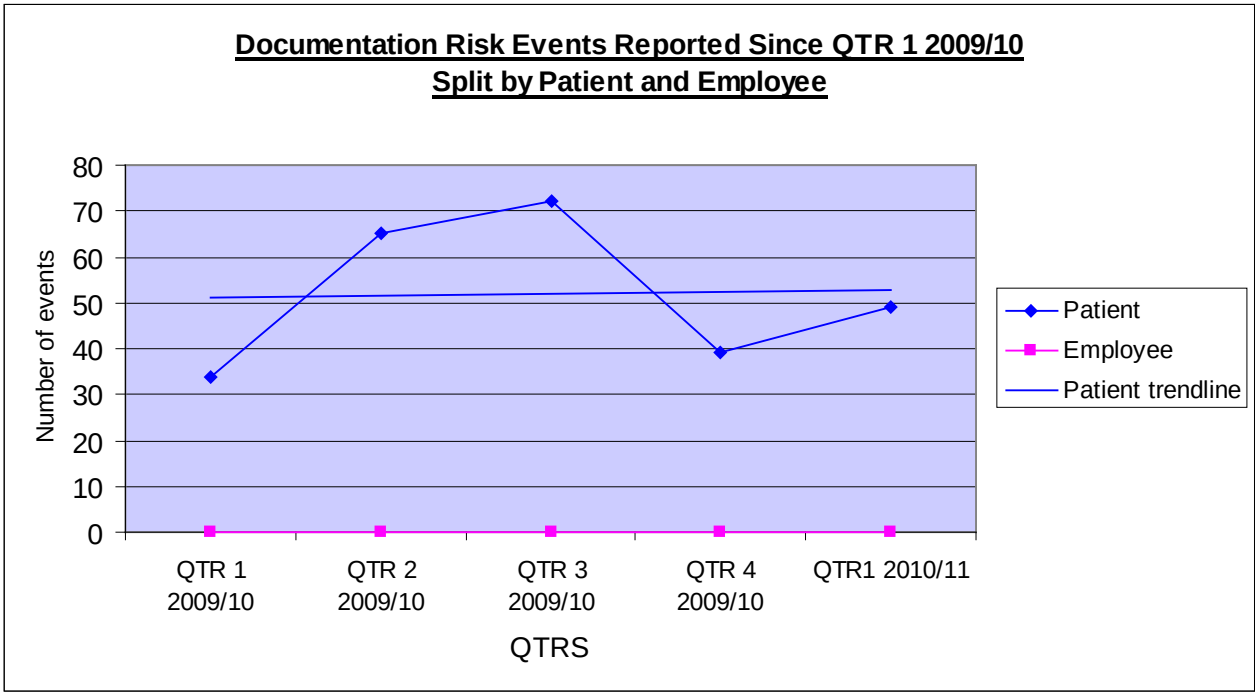
Infrastructure (including staffing, facilities, security, theft, environment, lack of beds, use of mixed sex wards)



A number of reports have been made concerning ward staffing levels. The ward establishments have been under review, which has delayed the recruitment to vacancies in some areas. The vacancies have been backfilled with bank staff, but the reliance on temporary staff has understandably led to concerns being reported.

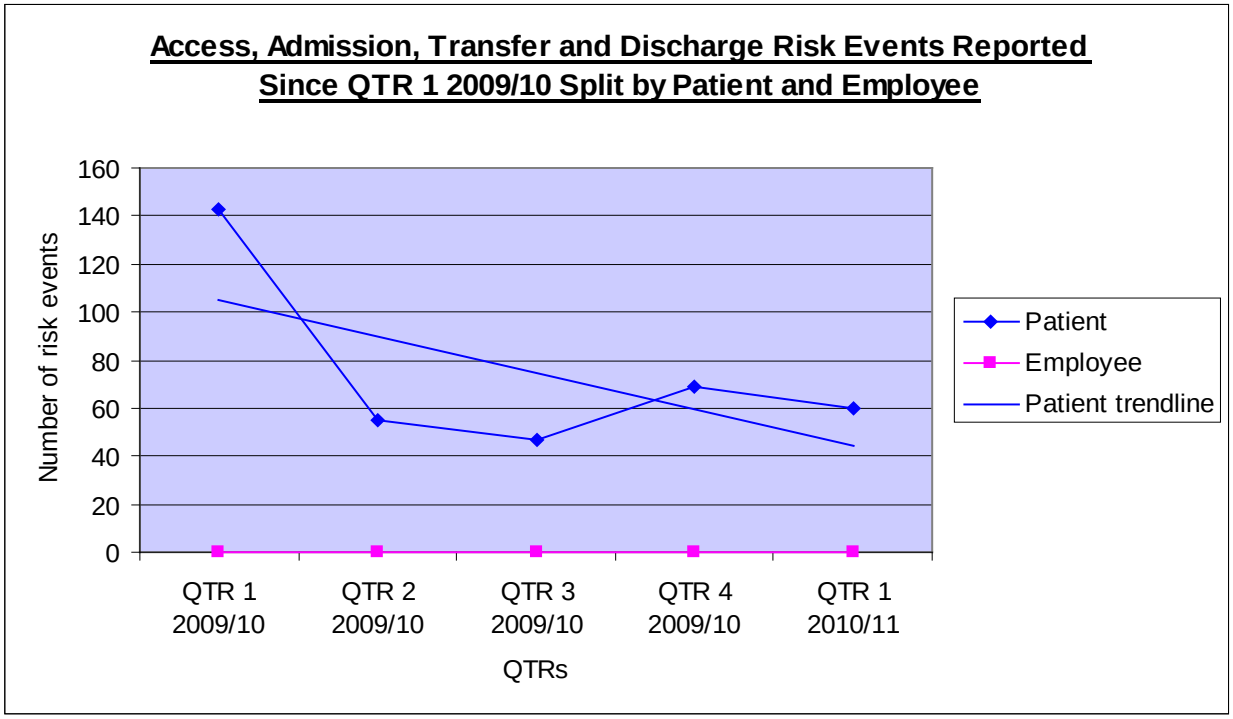
The rise in patient incidents beginning in Quarter 4 relates specifically to winter pressures and the negative impact on bed availability to meet emergency activity levels.

Documentation



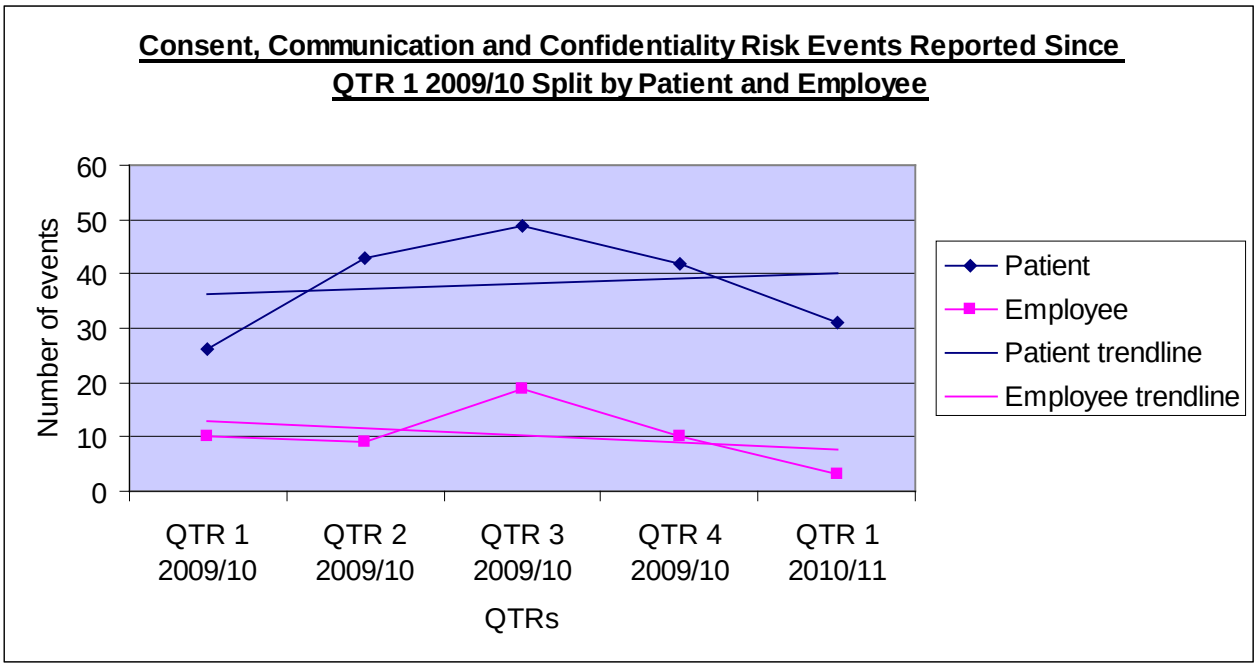
These incidents will include missing records, access to records, misfiling, mislabelling and quality of the written record. Significant improvements have been made through the strengthening of information governance arrangements including appointment of an Information Governance Officer.

Access, admission, transfer and discharge arrangements



The Electronic Discharge Summary implementation is complete and we expect to see a reduction in incidents where GPs have not been adequately informed about their patients' hospital stay. Twice daily bed management meetings have been revitalised and support the utilisation of bed capacity.

Consent, communication and confidentiality



Improvements in information governance arrangements and associated policies have been achieved. Consent arrangements are included in each Directorates local induction discussions. The decision has been made that only the operator (surgeon) may take a patient through the consent process, unless documentary evidence is available to prove that another member of the team has been appropriately trained to do so.

Serious Untoward Incident (SUI) Report (excludes HCAI, which are reported separately), as at 13.8.10

Serious Untoward Incidents Comparison 2009 V 2010

	QTR 1 09/10	QTR 1 10/11	QTR 2 09/10	QTR 2 10/11	QTR 3 09/10	QTR 3 10/11	QTR 4 09/10	QTR 4 10/11
Under investigation		3						
Not SUI		3					3	
SUI	2	2	1	3	1		5	

Annex A sets out the detail of the incidents, findings and action plan.

Never Events

The following table shows that there have been no never events reported in the time period June 2009 to June 2010

Description	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	
Wrong site surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	
Retained instrument post-operation	0	0	0	0	0	0	0	0	0	0	0	0	0	
Wrong route administration of chemotherapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Misplaced naso or orogastric tube not detected prior to use	0	0	0	0	0	0	0	0	0	0	0	0	0	
Inpatient suicide using non-collapsible rails	0	0	0	0	0	0	0	0	0	0	0	0	0	Mental Health setting
In-hospital maternal death from post-partum haemorrhage after elective caesarean section	0	0	0	0	0	0	0	0	0	0	0	0	0	
Intravenous administration of mis-selected concentrated potassium chloride	0	0	0	0	0	0	0	0	0	0	0	0	0	Mental Health setting
Escape from within the secure perimeter of medium or high secure mental health services by patients who are transferred prisoners	0	0	0	0	0	0	0	0	0	0	0	0	0	

Outstanding Safety Alerts Report

Originating Entities: **Download from CAS 12.7.10**

Reference	Alert Title	Issue Date	Response	Deadline
NPSA/2009/RRR006	Oxygen safety in hospitals	29-Sep-09	Action Required: Ongoing	29-Mar-10
NPSA/2009/PSA002/U1	WHO Surgical Safety Checklist - Update	26-Jan-09	Action Required: Ongoing	01-Feb-10
NPSA/2008/RRR003	Risks of Chest Drain Insertion	15-May-08	Action Required: Ongoing	17-Nov-08
NPSA/2008/SPN14	Safer Practice Notice (SPN) 14: Â 'Right Patient, Right Blood' update	03-Apr-08	Action Required: Ongoing	01-May-09
NICE/NPSA/2007/PSG001	Technical Patient Safety Solutions for medicines reconciliation on admission of adults to hospital	12-Dec-07	Action Required: Ongoing	12-Dec-08
NPSA/2007/18	Actions that can make anticoagulant therapy safer	28-Mar-07	Action Required: Ongoing	31-Mar-08
NPSA/2007/20	Promoting safer use of injectable medicines	28-Mar-07	Action Required: Ongoing	31-Mar-08
NPSA/2007/16	Early identification of failure to act on radiological imaging reports	05-Feb-07	Action Required: Ongoing	28-Feb-08
NPSA/2009/RRR001 - Update	Mitigating surgical risk in patients undergoing hip arthroplasty for fracture	11-Mar-09	Complete but DoH system does not recognise it is complete. NPSA informed of the fault in the system.	14-Sep-09
NPSA/2008/SPN001	Risk to patient safety of not using the NHS Number as the national identifier for all patients.	18-Sep-08	As above	18-Sep-09

The report above has been downloaded from the DoH Central Alerting System (CAS) and shows the outstanding safety alerts. Two of the alerts, NPSA/2009/RRR001 and NPSA/2008/SPN001, were closed on CAS on or close to the expected completion date, as all actions were completed. The CAS does not accept this and it is aligned to a technical problem which has been reported to the National Patient Safety Agency (NPSA).

NPSA/2009/RRR006 Oxygen safety in hospitals

This alert had six actions and the one outstanding action is the development of a written policy on the prescribing and administration of oxygen. This is being undertaken by the Pharmacy team. The new Adult Prescription and Administration Record now include a pre-printed oxygen prescription which requires verification by prescribers. This policy is planned for completion by mid-September then we will sign this off as compliant.

NPSA/2009/PSA002/U1 WHO Surgical Safety Checklist

The Matron for Theatres has developed a detailed plan to address the outstanding actions which are planned to be complete by the end of December 2010. Ophthalmology and Maternity have specific care plans and are currently achieving 90% compliance.

NPSA/2008/RRR003 Risks of Chest Drain Insertion

The Respiratory Consultants have chosen to adopt the British Thoracic Society (BTS) Pleural Guidelines, which includes a model consent form and the patient information leaflet, the publication of these guidelines is imminent. Once the guidelines have been received we will be able to complete the actions and sign this off as complaint.

We have purchased 20 CDs for trainees to use from the BTS which are an online e-learning module with an assessment of training. The BTS then inform the Education centre when the trainee has completed the training. A consultant is arranging two afternoons of training per year in the skills laboratory starting from August 2010, using SIM MAN.

NPSA/2008/SPN14 Safer Practice Notice (SPN) 14: 'Right Patient, Right Blood' (UPDATE)

The completion date for all staff involved in the transfusion process to be competency assessed is November 2010. 50% of staff should have been assessed by May 2009. The evidence to support this target is not currently centrally held, although the Electronic Staff Record will support this reporting in future. At this stage, the Blood Transfusion Specialist Nurse is undertaking a risk assessment, as achievement of this compliance is in question.

NICE/NPSA/2007/PSG001 Technical Patient Safety Solutions for Medicines Reconciliation on Admission of Adults to Hospital

The Trust has implemented the recommendations for this alert and carries out medicines reconciliation Monday to Friday, there is currently insufficient staff to extend this cover to the weekend. A workable solution to extend to weekend c-over is being developed by the pharmacy team. The Policy for Medicines Reconciliation and Drug History Taking has been written and approved by the Drugs and Therapeutics Committee. E-prescribing is being implemented and once fully implemented it will enhance the secondary to primary care interface.

NPSA/2007/18 Actions that can make Anticoagulant Therapy Safer

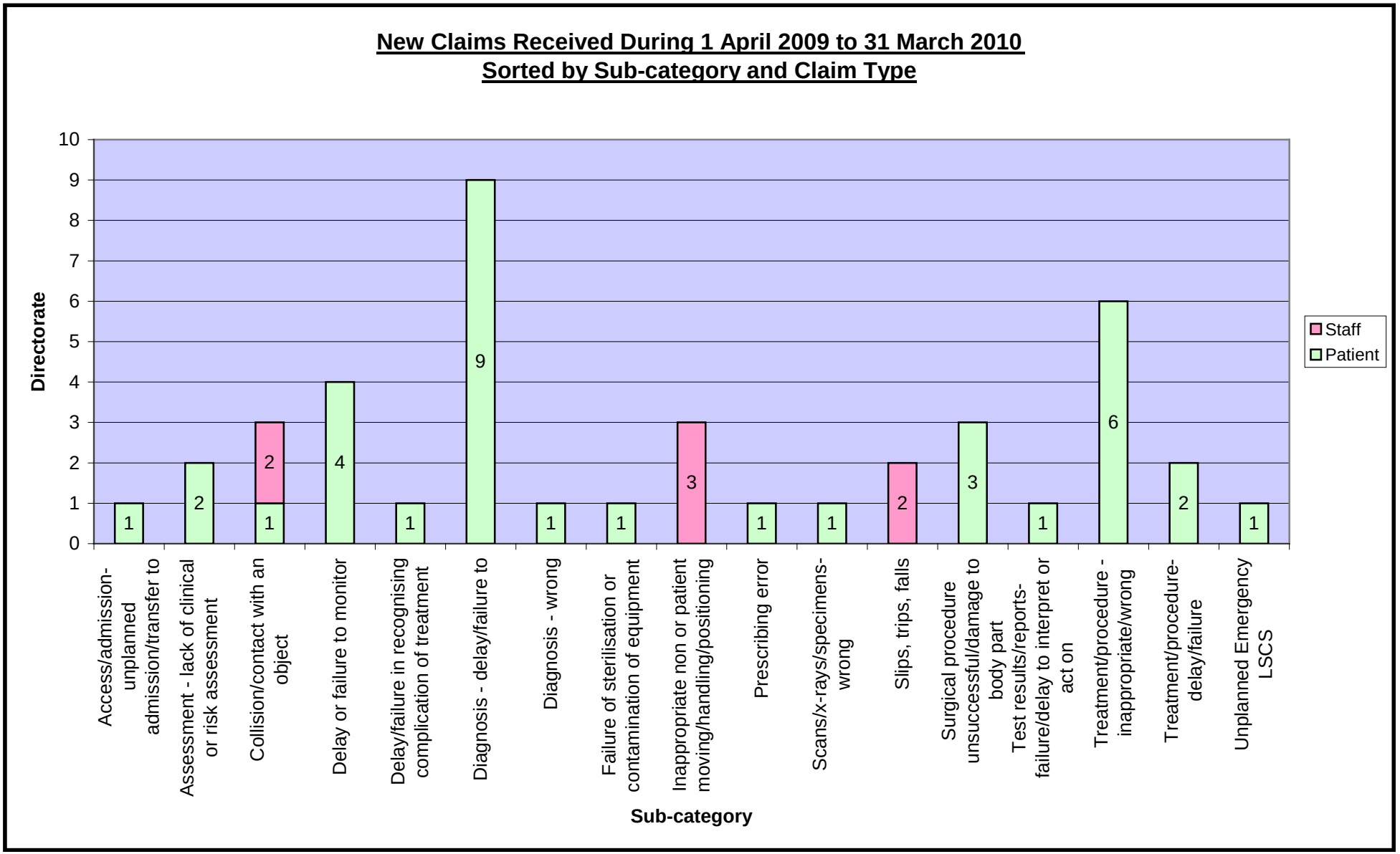
This forms part of the action plan developed by the Pharmacy team on a number of outstanding medicine alerts and demands a comprehensive audit programme and a competency framework for pharmacy and medical staff. Target date for completion of all actions is 31st December 2010.

NPSA/2007/20 Promoting Safer Use of Injectable Medicines

This forms part of the action plan developed by the Pharmacy team on a number of outstanding medicine alerts which demands policy review, an audit programme and a competency framework for medical staff. Target date for completion of all actions is 31st December 2010.

The NPSA circulated a questionnaire in July to all Trusts who have not been able to fully implement NPSA/2007/18 and 2007/20 alerts and has offered to work closely with them to work towards closure of the actions.

NPSA/2007/16 Early Identification of Failure to Act on Radiological Imaging Reports
We have manual systems in place to alert referring clinicians to abnormal findings; this is not believed to be sufficiently robust. The Medical Director is leading a project which will fully implement ICE and this will then satisfy the actions in this alert. Target: June 2011.


New Claims Received During 1 April 2009 to 31 March 2010
Sorted by Sub-category and Claim Type
Directorate
Sub-category
Staff
Patient
0
1
2
3
4
5
6
7
8
9
10
Access/admission-unplanned admission/transfer to
Assessment - lack of clinical or risk assessment
Collision/contact with an object
Delay or failure to monitor
Delay/failure in recognising complication of treatment
Diagnosis - delay/failure to
Diagnosis - wrong
Failure of sterilisation or contamination of equipment
Inappropriate non or patient moving/handling/positioning
Prescribing error
Scans/x-rays/specimens-wrong
Slips, trips, falls
Surgical procedure unsuccessful/damage to body part
Test results/reports-failure/delay to interpret or act on
Treatment/procedure - inappropriate/wrong
Treatment/procedure-delay/failure
Unplanned Emergency LSCS

Legal Claims

During the above financial year 42 new legal claims were received. The Risk Management Department is currently managing a total of 112 open legal claims, 12 of which are staff claims.

Trend analysis aligned to timing of events is challenging as some cases may involve "incidents" which happened as long as three years ago and with maternity cases, as long as 21 years ago (individuals have the right to claim within three years of point of knowledge and in the case of babies/children, up to the age of 21). What we can see from the table above is that the highest areas for legal claims relate to diagnosis delays and inappropriate treatment and this has remained consistent.

The policy for the management of legal claims has been reviewed and updated to meet the NHS Litigation Authority's standards.

Corporate Risk Register

The current risk register is attached as Annex B. The register is reviewed each month by the Executive Team, Integrated Governance Committee and the Risk Management Committee. Any amendments to the Risk Register are identified by the Directorate Risk Leads and forwarded to the Risk Management Department for updating on the Risk Register on the DATIX system. The risk classification matrix has been reviewed and will remain unchanged for 2010/11. It is a widely used matrix across all areas and familiar to staff in the Trust.

The Risk Register now incorporates the risks identified through the development of the annual plan.

Suzanne Slight
Head of Risk Management
19.8.2010