

Divisional Management and Governance Committee

Risk Report

2nd Quarter 2008

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1. DMOP Incidents from 01.11.2007 to 30.10.2008 (Top 6 reported risks)

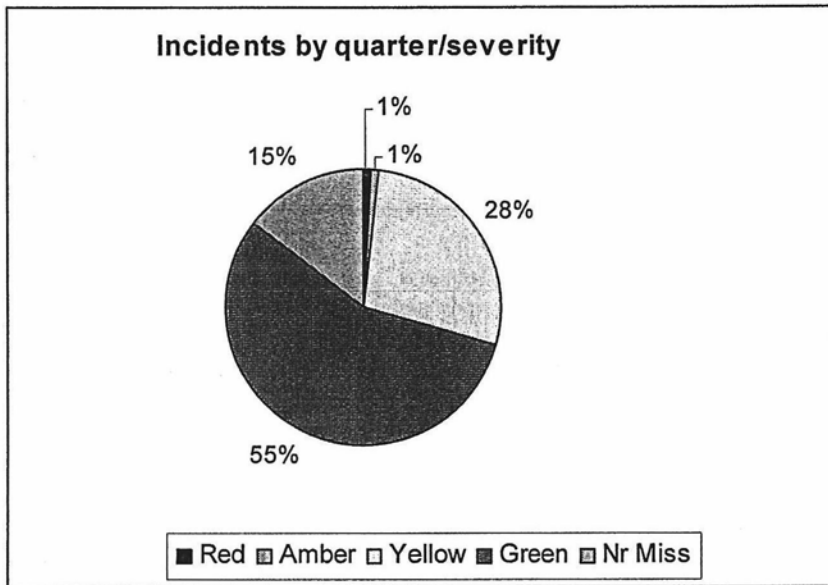
Slips, trips, falls and collisions	910
Adverse events that affect staffing levels	119
Administration or supply of a medicine from a clinical area	91
Abuse etc of Staff by patients	62
Accident caused by some other means	50
Lifting accidents	33
Totals:	1265

DMOP Incidents from 01.07.2008 to 30.09.2008 (Top 6 reported risks)

Slips, trips, falls and collisions	256
Adverse events that affect staffing levels	39
Administration or supply of a medicine from a clinical area	22
Discharge	17
Abuse etc of Staff by patients	16
Exposure to electricity, hazardous substance, infection etc	13
Totals:	363

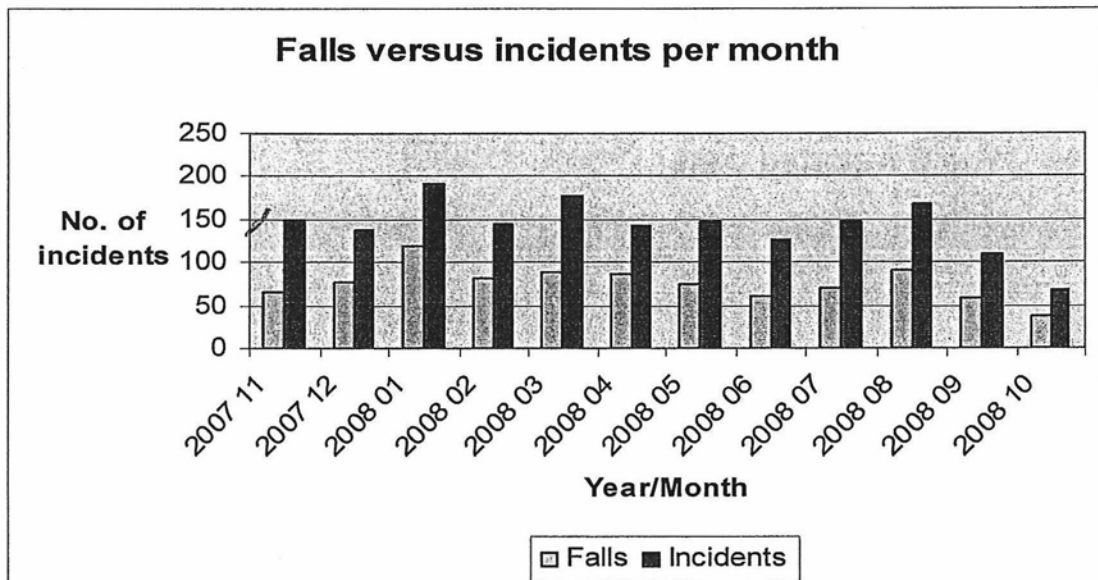
The top three risks during the last quarter remain the same as the yearly top three risks. However during the last quarter there appear to be 17 discharge related incidents and 13 exposures to hazardous substances (NSI's etc) both of which will be investigated further.

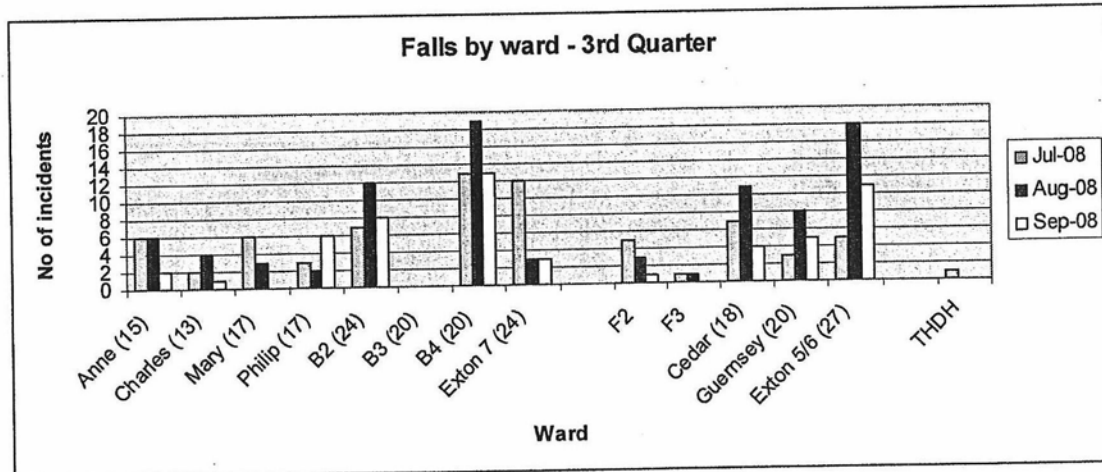
2. Summary of incidents by quarter/severity



It will be noted that 2% of all reported incidents during the second quarter were graded as Red or Amber incidents. The red incidents were all reported as SUI's and investigations are underway in line with Trust process.

2. Summary of falls by month/ward





	Jul-08	Aug-08	Sep-08	Total
Anne (15)	6	6	2	14
Charles (13)	2	4	1	7
Mary (17)	6	3	0	9
Philip (17)	3	2	6	11
B2 (24)	7	12	8	27
B3 (20)	0	0	0	0
B4 (20)	13	19	13	45
Exton 7 (24)	12	3	3	18
F2	5	3	1	9
F3	1	1	0	2
Cedar (18)	7	11	4	22
Guernsey (20)	3	8	5	16
Exton 5/6 (27)	5	18	11	34
THDH	1	0	0	1
Total	71	90	54	

	Falls	Incidents
2007 11	66	149
2007 12	76	138
2008 01	120	191
2008 02	82	146
2008 03	89	178
2008 04	86	143
2008 05	74	147
2008 06	61	126
2008 07	71	147
2008 08	90	169
2008 09	58	109
2008 10	37	67
Totals:	910	1710

There have been a large number of Ward moves during the last quarter which will impact on the way the falls information is displayed. It is recognized that to gain an accurate comparison of falls statistics between wards it will be necessary to factor in ward size and patient flow information.

It will be noted that Blendworth 3 has submitted a nil response for falls for the quarter. It has since been identified that AIR's have not been processed by the ward for several months. An action plan has been implemented by the ward to catch up with all outstanding AIR forms and this is closely being monitored.

The apparent higher number of falls reported on Blendworth 4 (compared with other acute wards) needs further investigation.

3. Complaints by month/ward/type

Month	Number of complaints	Type of complaint				
		Patient care B2	Patient care B2	Transfer Mary ward		
July	3	Patient care B2	Patient care B2	Transfer Mary ward		
August	4	Privacy Ashdown 1	Nursing care B3	Missing pt Mary ward	Communication B4	
September	5	Car parking Philip ward	Discharge B3	Nursing care B4	Discharge B2	Nursing care B2
October	5	Treatment Exton 7	Treatment Exton 7	Discharge G2	Patient care G2	Drug error B2

All complaint responses were within agreed timescales

4. DMOP Medication Incidents from 01.11.2007 to 30.10.2008

Ward	Total
Anne Ward	6
Ashdown 1 Ward	1
Blendworth 2 Ward	5
Blendworth 3 Ward	2
Blendworth 4 Ward	23
Cedar	4
Charles Ward	8
Stroke Rehab SMH	1
Dolphin GWMH	1
Exton 5 and 6 ward	4
Exton 7 Ward	6
F 2 Ward	5
F3 Ward	4
Guernsey Ward	3
Mary Ward	11
Patient's Home	2
Philip Ward	5
Total	91

Blendworth 4 ward has had 23 medication incidents during Q2 and these are being assessed to identify any trends. Mary ward (old) had 11 incidents which also need to be investigated.

5. MDA exception report

The division is up to date with all MDA/NPSA alerts. There are no actions currently outstanding.

6. SUI Incidents

The Division has four outstanding SUI incidents. Two of these incidents have gone to Panel and second draft final reports are out for comments. Of the two remaining SUI's, one is due to go to Panel as soon as it can be arranged and the fourth is still pending waiting reports to be submitted.

7. Divisional Risk Register

The Division currently has 19 risks appearing on the Divisional risk register.

14 risks are open and in time.

5 risks are closed

During the last quarter two new risks have been added as follows:

1. Patients at increased risk due to occasional single trained staff on wards.
Managed by LH
2. Nursing staffing shortages over PFI moves due to sickness absence / Annual leave / Staff leaving. Managed by CA

Of the twelve risks that are open and in time five of them have been forwarded to the Trust Risk Assurance Committee for consideration to be transferred to the Corporate Risk Register, these are:

1. Lack of isolation cubicles on Anne Ward to isolate infected patients.
2. Coding performance
3. GWMH
4. E-Rostering implementation
5. Implementation of transcript outsourcing

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24th November 2008