

Memo

To: Fiona Cameron

From: Philip Beed

CC: Code A

Date: 07/08/02

Re: Investigation – Mrs Middleton

Fiona

When I was interviewed by Jane Williams, she asked about ward activity during June, July & August last year. At interview I could not recall any specific issues.

Subsequently I have reviewed the ward risk event forms.

I enclose 3 risk event forms, and associated notes, that are of relevance.

Also enclosed is a summary of risk event forms completed during this period, and notes of a meeting held by Code A in response to problems being experienced on Daedalus during the period in question.

I hope these are helpful.

Code A

Philip

Mon 30th July 01

RGN Debbie Hunt only qualified nurse on early shift, due to staff sickness

- Received phone call from elderly services, absolutely insistent that bed blocking forms outstanding from previous week be completed and faxed without delay.

Resulted in SN Hunt having to stop caring for patients, with numerous care needs still outstanding, and being unable to take a lunch break.

Risk event form 29140

Tues 31st July

RGN Philip Beed only qualified nurse on late shift, due to staff sickness. Working with 2 permanent support workers, and 1 agency HCSW unfamiliar with ward.

- Phoned Code A regarding inappropriate request for bed blocking forms, when SN Hunt was already over burdened with workload, pointed out that this resulted in patient care being neglected. Response was that bed blocking forms are important.

Also asked that bed blocking forms sent 30/7/01 be accepted for 1/8/01 as no change was expected in 3 days. Elderly services refused and insisted new forms be submitted.

- Personnel (F&G) insisting manpower returns be completed immediately.

Unable to attend to patients needs, and missed chance to take meal break as a result.

- Planned admission did not arrive until 1515.

Unable to safely complete admission and care for 24 patients.

Risk event forms 29141 & 29142



Risk Event Form

Can be completed by any member of staff.
Use BLOCK CAPITALS and black ball-point pen.
Incomplete/illegible forms will be returned.

Shaded box requires code from page opposite.
**UNEXPECTED DEATH OR SERIOUS INJURY
MUST BE REPORTED IMMEDIATELY AS A
CRITICAL INCIDENT.**

Unique Form Serial No : 29140

A. PERSON AFFECTED (Use Continuation Sheet if more than one person involved)

LAST NAME Code A FIRST NAME Code A M / F _____
DATE OF BIRTH 1/1 PERSON STATUS 11 SERVICE 8
PATIENT NO : (if applicable) _____ Staff Only : STAFF GROUP 6
NAME OF PATIENT'S CONSULTANT/CLINICIAN _____

B. PROPERTY/EQUIPMENT AFFECTED (Use Continuation Sheet if necessary)

* DAMAGE/THEFT/LOSS/FAILURE of/to _____ (item/s)
* Delete those not applicable
ESTIMATED TOTAL COST OF REPAIR/REPLACEMENT £ _____
Consult Information Services, Estates, NHS Supplies, etc as appropriate

C. WHEN & WHERE

DAY 30/7/01 DATE MONDAY TIME (24 hour clock) 1100
WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site + ward/department, patient's home address, details of non-Trust property, etc)
DAF JALUS GWTH
LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)

D. INJURY

NATURE OF INJURY _____
WHERE ON BODY _____ If Staff, was shift completed Y / N _____

E. WITNESSES & INVOLVED PEOPLE

NAME _____ NAME _____
ADDRESS _____ ADDRESS _____
PERSON STATUS PERSON STATUS

F. DETAILS OF THE INCIDENT (Brief description of events. Facts only, not opinion. BLOCK CAPITALS. Use Continuation Sheet only if absolutely necessary)

NO BANK OR ALIENY AVAILABLE TO COLLA
STICKNESS. SN HUNT ONLY ADAPTED
NURSE ON DUTY. MISSED LUNCH
THROUGH DEMAND THAT BED BLOCKED
FORMS SENT IMMEDIATELY

G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT (e.g. treatment given, taken to hospital, names of attending clinicians, etc)

H. NAME (IN CAPITALS) OF PERSON REPORTING

P. BEEB DATE 31/7/01

I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

ACTION TAKEN TO PREVENT RE-OCCURENCE
MORE STAFF B/OR LESS FORMS

STAFF ACCIDENTS ONLY : Tick to confirm copied to Occ Health & Personnel

NAME IN CAPITALS P. BEEB DATE 31/7/01
JOB TITLE MANAGER

J. SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE RIDDOR ACTION TAKEN : N/A YES
NAME IN CAPITALS _____ DATE _____
JOB TITLE _____

Top copy to Risk Event Data Entry Clerk (send to Clinical Effectiveness Dept, St James Hospital) via Dept Manager and Senior Manager
Bottom copy stays in book



Risk Event Form

Can be completed by any member of staff.
Use BLOCK CAPITALS and black ball-point pen.
Incomplete/illegible forms will be returned.

Shaded box requires code from page opposite.
**UNEXPECTED DEATH OR SERIOUS INJURY
MUST BE REPORTED IMMEDIATELY AS A
CRITICAL INCIDENT.**

Unique Form Serial No : 29142

A. PERSON AFFECTED (Use Continuation Sheet if more than one person involved)

LAST NAME Code A FIRST NAME Code A M F
 DATE OF BIRTH Code A PERSON STATUS SERVICE
 PATIENT NO : (if applicable) 0938030 Staff Only : STAFF GROUP
 NAME OF PATIENT'S CONSULTANT/CLINICIAN _____

B. PROPERTY/EQUIPMENT AFFECTED (Use Continuation Sheet if necessary)

* DAMAGE/THEFT/LOSS/FAILURE of/to _____ (item/s)
 * Delete those not applicable
 ESTIMATED TOTAL COST OF REPAIR/REPLACEMENT £ _____
 Consult Information Services, Estates, NHS Supplies, etc as appropriate

C. WHEN & WHERE

DAY Tues DATE 31/7/01 TIME (24 hour clock) 1545
 WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site + ward/department, patient's home address, details of non-Trust property, etc)
DB3 Surgery / ORCADUS UNIT
 LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)

D. INJURY

NATURE OF INJURY _____
 WHERE ON BODY _____ If Staff, was shift completed Y / N

E. WITNESSES & INVOLVED PEOPLE

NAME _____ NAME _____
 ADDRESS _____ ADDRESS _____
 PERSON STATUS PERSON STATUS

F. DETAILS OF THE INCIDENT (Brief description of events. Facts only, not opinion. BLOCK CAPITALS. Use Continuation Sheet only if absolutely necessary)

TRANSFER ARRANGED FOR 1/3/01
ARRIVED 1545 31/7/01

G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT (e.g. treatment given, taken to hospital, names of attending clinicians, etc)

1 X QUALIFIED ON DUTY ONLY
UNABLE TO SAFELY COMPLETE ADMISSION
9 CODE FOR 24X PATIENTS

H. NAME (IN CAPITALS) OF PERSON REPORTING

P. REED DATE 31/7/01

I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

ACTION TAKEN TO PREVENT RE-OCCURENCE

STAFF ACCIDENTS ONLY : Tick to confirm copied to Occ Health & Personnel

NAME IN CAPITALS P. REED DATE 31/7/01
 JOB TITLE C. Manager

J. SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE RIDDOR ACTION TAKEN : N/A YES
 NAME IN CAPITALS _____ DATE _____
 JOB TITLE _____

Risk Event Form

Can be completed by any member of staff.
Use BLOCK CAPITALS and black ball-point pen.
Incomplete/illegible forms will be returned.

Shaded box requires code from page opposite.
**UNEXPECTED DEATH OR SERIOUS INJURY
MUST BE REPORTED IMMEDIATELY AS A
CRITICAL INCIDENT.**

Unique Form Serial No : 29141

A. PERSON AFFECTED (Use Continuation Sheet if more than one person involved)

LAST NAME Code A FIRST NAME Code A (M/F) M
DATE OF BIRTH / / PERSON STATUS II SERVICE 8
PATIENT NO : (if applicable) Staff Only : STAFF GROUP 6
NAME OF PATIENT'S CONSULTANT/CLINICIAN

B. PROPERTY/EQUIPMENT AFFECTED (Use Continuation Sheet if necessary)

* DAMAGE/THEFT/LOSS/FAILURE of/to (item/s)
* Delete those not applicable
ESTIMATED TOTAL COST OF REPAIR/REPLACEMENT £
Consult Information Services, Estates, NHS Supplies, etc as appropriate

C. WHEN & WHERE

DAY TUES DATE 31/7/01 TIME (24 hour clock) pm
WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site + ward/department, patient's home address, details of non-Trust property, etc)
DAED ALUS GWH11
LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)

D. INJURY

NATURE OF INJURY
WHERE ON BODY If Staff, was shift completed Y/N

E. WITNESSES & INVOLVED PEOPLE

NAME NAME
ADDRESS ADDRESS
PERSON STATUS PERSON STATUS

F. DETAILS OF THE INCIDENT (Brief description of events. Facts only, not opinion. BLOCK CAPITALS. Use Continuation Sheet only if absolutely necessary)

NO QUALIFIED STAFF AVAILABLE.
MEAL BREAK MISSED DUE TO
PRESSURE OF WORK & DEMAND TO
COMPLETE MANPOWER STAFF FORM

G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT (e.g. treatment given, taken to hospital, names of attending clinicians, etc)

H. NAME (IN CAPITALS) OF PERSON REPORTING

P-REED DATE 31/7/01

I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

ACTION TAKEN TO PREVENT RE-OCCURENCE
NOE STAFF B/OA LASS FORMS

STAFF ACCIDENTS ONLY : Tick to confirm copied to Occ Health & Personnel

NAME IN CAPITALS P. REED DATE 31/7/01
JOB TITLE C. Manager

J. SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE RIDDOR ACTION TAKEN : N/A YES
NAME IN CAPITALS DATE
JOB TITLE

Top copy to Risk Event Data Entry Clerk (send to Clinical Effectiveness Dept, St James Hospital) via Dept Manager and Senior Manager
Bottom copy stays in book

staffing

| Reported Risk Events | | | | | | | | |
|----------------------|-----------|--------|-------------------|--|----|-----------|-------|----------------|
| 29/5/01 | to | 6/8/01 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 | 30-May-01 | am | fall | | 30 | 19-Jul-01 | am | staff injury |
| 2 | 31-May-01 | am | fall | | 31 | 22-Jul-01 | nocte | fall |
| 3 | 4-Jun-01 | am | staff injury | | 32 | 23-Jul-01 | pm | staff injury |
| 4 | 4-Jun-01 | pm | staffing | | 33 | 26-Jul-01 | am | fall |
| 5 | 4-Jun-01 | pm | fall | | 34 | 29-Jul-01 | nocte | drug error |
| 6 | 4-Jun-01 | am | fall | | 35 | 29-Jul-01 | am | injury |
| 7 | 5-Jun-01 | pm | fall | | 36 | 30-Jul-01 | am | fall |
| 8 | 6-Jun-01 | am | absent inr result | | 37 | 30-Jul-01 | pm | abscondment |
| 9 | 8-Jun-01 | pm | fall | | 38 | 30-Jul-01 | am | staff shortage |
| 10 | 8-Jun-01 | am | fall | | 39 | 31-Jul-01 | pm | staff shortage |
| 11 | 10-Jun-01 | am | fall | | 40 | 31-Jul-01 | pm | staff shortage |
| 12 | 12-Jun-01 | pm | fall | | 41 | 5-Aug-01 | am | HC incident |
| 13 | 13-Jun-01 | nocte | fall | | | | | |
| 14 | 15-Jun-01 | pm | fall | | | | | |
| 15 | 18-Jun-01 | am | staff injury | | | | | |
| 16 | 19-Jun-01 | nocte | fall | | | | | |
| 17 | 11-Jul-01 | pm | staff injury | | | | | |
| 18 | 17-Jun-01 | am | injury | | | | | |
| 19 | 22-Jun-01 | nocte | fall | | | | | |
| 20 | 24-Jun-01 | am | fire | | | | | |
| 21 | 24-Jun-01 | nocte | staffing shortage | | | | | |
| 22 | 28-Jun-01 | nocte | staff incident | | | | | |
| 23 | 1-Jul-01 | pm | fall | | | | | |
| 24 | 3-Jul-01 | am | injury | | | | | |
| 25 | 4-Jul-01 | pm | fall | | | | | |
| 26 | 5-Jul-01 | am | fall | | | | | |
| 27 | 5-Jul-01 | nocte | staffing shortage | | | | | |
| 28 | 11-Jul-01 | nocte | fall | | | | | |
| 29 | 17-Jul-01 | pm | fall | | | | | |