Governance and Risk Management

Speciality Trainees Induction Training

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Content of Presentation

• Overview of Governance and Risk Management
• Identify the areas that come under Clinical Governance
• Discuss Risk and Incident Reporting
• Look at how Complaints and Claims link into incidents
• A brief overview of record keeping
• What is Consent?
• Emergency Planning
Governance

- Clinical Governance
- Continuous Quality Improvement
- Resource Effectiveness
- Communication Effectiveness
- User's Views
- Risk Management
- Learning Effectiveness

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Compassion
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Governance

- Clinical Effectiveness – Audit, Clinical Improvement, Tissue Viability, E Rostering
- Users Views – Patient Satisfaction Surveys, Friends and Family Surveys, Patient Feedback forms, talking to service users about their experience.
- Risk Management – mitigating risks to ensure patient safety, staff safety, security, incident reporting, risk assessments, claims etc.
- Education and Learning Effectiveness – Induction, medical, mandatory and local training of staff.
Governance

- Communication – effective communication up / down and across all levels of the organisation and with patients/carers and their families.
- Resource Effectiveness – Buildings, equipment, staffing and financial resources.
- Continuous Quality Improvement – R&D, new models of care, improved care pathways.
- Information Governance – promoting the effective and appropriate use of information.
Who’s responsibility is it to Manage Risk?
Risk Assessment

• Identify the hazards.
• Decide who can be harmed and how.
• Identify what controls are already in place and what further controls are required to make the task safer.

Examples of risks for patients

• Pressure area.
• VTE.
• Falls.
Incidents

20,000 incidents were reported in 2016/17

Highest cause groups

- Falls
- Documentation
- Clinical assessment
- Skin tissue damage
- Medication Errors
- Missed or incorrect diagnosis
- Inappropriate treatment
Why Report?

- Legal requirement
- Targets and systems failures rather than staff.
- Identifies trends and underlying causes.
- Provides solutions.
- Informs education and training.
- Provides regional and national lessons learned.
- Promotes efficiency and quality.
- Develops models of good practice.
Triggers for Incidents

- Unexpected injury or death
- Sharps incidents
- Violence and Aggression
- Security Incidents
- Lost property
- Equipment failure
- Patient Absconding
- Poor management of confidential information
SERIOUS UNTOWARD INCIDENTS

A Serious Untoward Incident or SUI is identified as follows:

- Unexpected or Avoidable Death
- Serious Harm
- Adverse Medication Error
- Never Event – such as wrong site surgery
- Abuse allegations
- Organisational ability to deliver healthcare services
BEING OPEN – DUTY OF CANDOUR

For all level 3 and above incidents involving moderate to severe harm, staff must adhere to the Duty of Candour Regulation 20:

- Notify the patient (or person lawfully acting on their behalf) in person that the incident has occurred and apologise
- Provide a true account of all the facts known about the incident
- Advise the patient of what further enquiries into the incident are appropriate
- Provide reasonable support to the patient
- Make a written record of the meeting and keep it securely.
- Follow up with a written notification confirming information provided, the details and results of further enquiries and an apology
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Incident Reporting Homepage

User ID needs to be surname, initial then number 1

Example:
User ID: bloggsj1
Password: same as BFW login
Complaints and Claims

- Incidents can lead to complaints and claims.
- A complaint is “An expression of dissatisfaction that requires response”.
- A claim is defined as an allegation of clinical negligence and/or demand for compensation. Claims are received following an adverse clinical incident or adverse incident resulting in personal injury. Any claim following a clinical incident carries significant risk of litigation for the Trust.
Complaints and Claims

- Informal complaints should be handled by the Department/Division in which the incident occurs or through the Patient Advisory Liaison Service (PALS).
- Formal complaints are directed to the Chief Executive to manage through the Complaints Procedure of the Trust.
- Claims are handled by the Claims Department in accordance with the Civil Procedure Rules, which are the court rules by which civil litigation are governed.
- A claimant has to prove both breach of duty and causation before they are eligible to receive compensation.
- The Trust has a being open policy.
Record Keeping

• Maintain records that are fit for purpose.
• Black Ink.
• Signed.
• Clear and legible.
• Signed, dated, designation.
• In real time.
• No correction fluid.
Consent

• Consent is a patient’s agreement for a health professional to provide care.
• Patients may indicate consent non verbally (presenting their arm for their pulse to be taken), orally, or in writing.
• For consent to be valid, the patient must:
  – Be competent to make that decision
  – Have received sufficient information to make a decision
  – Not be acting under duress.
Consent

• Before you examine, treat or care for competent adult patients you must obtain their consent.
• Adults are always assumed to be competent unless demonstrated otherwise.
• Patients may be competent to make some healthcare decisions, but not competent to make others.
• Giving and obtaining consent is usually a process, not a one off event. Patients can change their minds and withdraw consent at any time. If in doubt, always check that the patient still consents to your care/treatment.
Can Children give consent for themselves?

• Before examining, treating or caring for a child, you must seek consent.
• Young people aged 16 and 17 are presumed to have the competence to give consent for themselves.
• Younger children who fully understand what is involved in the proposed procedure can also give consent (although their parents will ideally be involved).
• In other cases, someone with parental responsibility must give consent on the child’s behalf, unless they cannot be reached in an emergency.
EMERGENCY PLANNING

• GENERIC PLANS
  – Major Incident Plan
    • ‘Big Bang’ mass casualties incidents – transport accidents/explosions
  – Business Continuity Plans
    • Internal incidents – fire, floods

• INCIDENT SPECIFIC PLANS
  – Severe Weather Plan
    • Periods of extreme heat (June – Sept) or cold (Nov – Mar) alerted via Met Office
  – Pandemic Influenza Plan
    • ‘Rising Tide’ incidents – infectious disease epidemics
  – Decontamination Plan
    • Deliberate release of chemical, biological or nuclear materials or hazardous material incidents

• All areas have orange folders containing emergency planning information
Any Questions