

Unit 2

# Clinical Governance & Risk Management Awareness

Incl. investigation of accidents, complaints and claims

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### Including investigation of accidents, complaints & claims

#### INTRODUCTION

The Trust aims to take all reasonable steps in the management of risk with the overall objective of protecting patients, staff and assets. A primary concern is the provision of safer, risk-free environments together with working policies and practices, which take into account assessed risks.

Key areas of Risk Management in which staff must be involved are:

- To identify hazards and risks by regularly assessing all aspects of service delivery, patients and the care environment
- To report and investigate incidents (including non-clinical and clinical incidents; accidents; health and safety incidents; security incidents and any other untoward event)

Worldwide surveys identify errors in at least 10% of hospital episodes which lead to harm. UK studies identified that between 1/3 and 1/2 of these errors could have been avoided.

The NHS Litigation Authority (NHSLA), under-write many of the Trust's clinical risks. They require the Trust to achieve a high standard of risk management in order to provide and demonstrate that we are a safe organisation.

Risk management is the responsibility of everyone in the organisation. The experience from other sectors, such as the aviation industry, shows clearly that as reporting levels rise the number of serious incidents begins to decline. Completion of all the elements in this workbook will assist all staff to effectively address many of the everyday risk situations they will encounter.

#### RISK ASSESSMENT

The Trust is required under the Management of Health and Safety at Work Regulations 1999 to undertake "suitable and sufficient risk assessments to identify significant risks to the health, safety and welfare of employees and anyone that may be Affected by their activities."

Risk assessments should be easily accessible and all staff should be aware of their contents in relation to the job they do.

Risk assessments need to be kept up to date and relevant and should be reviewed either:

- When there has been a significant change, e.g. introduction of new machinery or processes
- There has been a major accident or near miss
- It has been 12 months since the last review

There are 5 steps to risk assessment:

1. Identify the hazards  
This should be done with some input from the persons undertaking the task
2. Decide who can be harmed and how  
Again consultation should be made with staff to ensure that everyone at risk has been identified.

3. Identify what controls are already in place and what further controls are required to make the task safer  
There should be some input from the persons undertaking the task as they understand what works and what doesn't work
4. All significant findings need to be written down using the Trust's Risk Assessment Form
5. Review your risk assessment and update if necessary.

**The Trust has a Corporate Procedure Carrying Out A Risk Assessment And Developing A Risk Register And Board Assurance Framework CORP/PROC/006 that should be read alongside this workbook.**

## **INCIDENT REPORTING:**

The Trust is committed to the establishment of a supportive, open and learning culture that encourages staff to report incidents and near misses through the appropriate channels. The aim is not to apportion blame but rather to learn from incidents and near misses and improve practice accordingly.

All staff within the Trust have a responsibility to ensure that they report any incident or near misses they have been involved in or witnessed.

### **Why Do We Report Incidents?**

- To check system failures
- To establish the facts of each incident
- To improve patient care and services
- To establish controls to prevent recurrence
- To identify underlying trends and their causes
- It is a legal requirement
- To develop mode is of good practice

### **How and What Do We Report?**

An untoward incident can be:

- an event that results in or had the potential to result in any level of injury or ill health
- an event that results in an unexpected outcome
- an event that interrupts normal procedure
- an event that damages the Trusts' reputation.

Some examples of the most commonly reported incidents are:

- Medication Errors
- Hospital Acquired Infections
- Delayed, Missed or Wrong Diagnosis
- Skin Tissue Damage/Pressure Ulcers
- Patient Accidents, such as Slips, Trips, Falls
- Incorrect Use or Failure of Medical Devices
- Staff Health& Safety Incidents
- Information Security Incidents

Each Directorate has specific triggers and these will be found within the Divisional Risk Management Strategy. Whereby the untoward incident involved faulty drug products or medical devices/equipment, these should be withdrawn from used and retained for investigation.

## When Do We Report?

All untoward incidents should be reported via the Electronic Incident Reporting System (Found on the Trust Intranet Home Page) within 24 hours of the incident occurrence. Serious incidents whereby severe/major harm has been caused must also be reported immediately to the relevant Assistant Director of Nursing/Divisional Director and the Risk Management Department.

Further Guidance can be found in the Trust's Corporate Procedure - Untoward Incident and Serious Incident Reporting [http://bfwnet/departments/policies\\_procedures/documents/Procedure/Corp\\_Proc\\_101.pdf](http://bfwnet/departments/policies_procedures/documents/Procedure/Corp_Proc_101.pdf) which should be read alongside this workbook.

This procedure should be read in conjunction with the Trust's Risk Management Strategy and the Divisional Risk Management Strategy.

## NATIONAL PATIENT SAFETY AGENCY

The NPSA has published a guide for staff and Trusts for improving patient safety called '**Seven Steps to Patient Safety**':

- Step 1: Build a Safety Culture – create a culture that is open and fair
- Step 2: Lead and Support your Staff – establish a clear and strong focus on patient safety throughout your organisation
- Step 3: Integrate your Risk Management Activity – develop systems and processes to manage your risks and identify and assess things that could go wrong
- Step 4: Promote Reporting – ensure your staff can easily report incidents locally and nationally
- Step 5: Involve and Communicate with Patients and the Public – develop ways to communicate openly with and listen to patients
- Step 6: Learn and Share Safety Lessons – encourage staff to use root cause analysis to learn how and why incidents happen
- Step 7: Implement Solutions to Prevent Harm – embed lessons through changes to practice, processes or systems.

Patient safety is not just for doctors, nurses and other clinical staff. Patient safety is affected by systems and processes as well as specific clinical care, for example

- An incorrectly typed or addressed referral letter may mean a delay in diagnosis or treatment
- A poorly handled telephone call may result in a patient not seeking help when they need it
- A box, trolley or piece of equipment left unattended in an inappropriate place could result in someone falling over it

## THE WAY FORWARD

The Trust aims to take all reasonable steps in the management of risk with the overall objective of protecting patients, staff and assets. A primary concern is the provision of safer, risk-free environments together with working policies and practices, which take into account assessed risks. The Trust aims to offer the best in NHS Care.

When things are identified as not safe and pose a risk to our patients, they need to be raised in an open and honest way.

### Barriers to Reporting

It is crucially important that staff report all incidents near misses. However, it is recognised that people can be reluctant to report events for several reasons:

- Fear of reprisals; lack of trust
- Additional burden of work - too busy
- Fear of exposure of weakness; lack of competence; suspension; litigation
- Loss of reputation; income or job
- Lack of action to stop things happening again.

**The Trust Policy is to promote a fair blame culture and that only under specific circumstances would disciplinary action be considered following a reported event.**

## **WE NEED YOUR HELP TO MAKE PATIENT SAFETY HAPPEN**

### **CLAIMS INVESTIGATIONS**

A claim is defined as an allegation of clinical negligence and/or demand for compensation made following an adverse clinical incident or adverse incident resulting in personal injury or any clinical incident which carries a significant risk of litigation for the Trust.

Claims are handled in accordance with the Civil Procedure Rules, which are the court rules by which civil litigation (including negligence and personal injury claims) are governed.

A claimant has to prove both breach of duty and causation before they are eligible to receive compensation. Compensation is split into two categories – general damages and special damages.

A Letter of Claim is a summary of the facts on which a claim is based, including the allegation of negligence (breach of duty), the alleged adverse outcome (causation), injuries, condition and prognosis and financial losses incurred. A Letter of Response is a reasoned answer to the Letter of Claim either admitting or denying all or part of the claim.

Court Proceedings include a Claim Form, Particulars of Claim (setting out allegations of breach of duty and causation), medical evidence in support of the claim and a Schedule of Loss. The Defence is the response to the Particulars of Claim.

#### **Electronic Records**

- The patient's name, NHS number, date of birth (and Hospital Number in the Acute Health Record) must be recorded on every page in the health record.
- Every entry in the health record is to be made in real time (dated and timed using 24 hour clock) and in chronological order to reflect the continuum of patient care.
- All free text entries must be legible.
- Entries must be clear, relevant and unambiguous when inputting in the free text fields
- An incorrect entry must be "Greyed Out" (highlighted with a grey block to signify an error) or by an equivalent method.
- Attention/Alerts, Allergies, Advance Directives etc must be recorded in the fields provided.
  - Advance Directives
  - Adverse Reactions
  - Anti-Thrombotic Treatment
  - Blood Group Warnings
  - Disability and Communication Awareness
  - Drug Allergies
  - Drug Trials
  - Infection Risk
  - Research
  - Separate Health Records
  - Significant Events

Author:

- Electronically created documentation i.e. ALERT and Euroking facilitate the capture of the author's information as an electronic signature. A valid electronic signature can only be created as a result of the author of the record logging in with a valid user identification i.e. user name and password.

Abbreviations:

- All entries must be written in full. Abbreviations must not be used unless they have first been written in full on the first entry in the content of the document when inputting in the free text fields.

**Process for Ensuring a Contemporaneous Complete Record of Care is Completed**

- The Healthcare Professional must ensure a chronological record of care is recorded within the patient's health record.
- Information must be recorded as soon as possible after the episode of care or event and no later than the end of the shift.
- Records must be an accurate record of what took place. The time and date that the entry is being made must be clearly documented. The time and date that the event occurred must be clearly documented in the content of the entry, so that there is no doubt exactly when the event being documented occurred.

Please refer to Procedure link - <http://fcsharepoint/trustdocuments/Documents/corp-proc-567.doc>

# Unit 2 assessment:

## Clinical Governance & Risk Management Awareness

### 1. Who is responsible for the Trust's risk management?

- (a) Everyone
- (b) Clinical Governance
- (c) The Board

### 2. Why do we report incidents?

- (a) To check system failures
- (b) To identify underlying trends and their causes
- (c) To develop models of good practice
- (d) All of the above

### 3. What are the barriers to reporting incidents?

- (a) Lack of trust
- (d) Fear of reprisals
- (c) Being too busy
- (d) All of the above

### 4. What are the 5 steps to a risk assessment?

- (a) Survey staff, identify the hazards, decide who can be harmed and how, identify controls, and complete the Trust's Risk Assessment Form.
- (b) Identify the hazards, decide who can be harmed and how, identify controls, complete the Trust's Risk Assessment Form, review your assessment and update if necessary.
- (c) Identify the hazards, decide who can be harmed and how, identify controls, complete the Trust's Risk Assessment Form, inform staff.

### 5. Under what rules are claims handled?

- (a) Criminal Procedure Rules
- (b) Civil Procedure Rules
- (c) Both

### 6. What compensation is available?

- (a) General damages
- (b) Special damages
- (c) Both

### 7. Does a claimant have to prove both 'breach of duty' and 'causation' to make a claim?

- (a) Yes (b) No

### 8. What do court proceeds include?

- (a) Claim Form, Particulars of Claim, and medical evidence
- (b) Claim Form, Particulars of Claim, and a Schedule of Loss
- (c) Claim Form, Particulars of Claim, medical evidence and a Schedule of Loss

### 9. Should a Letter of Response admit or deny a claim?

- (a) Yes
- (b) No - never!
- (c) It depends on the circumstances

# Unit 2: Clinical Governance & Risk Management Awareness Completion Statement

PLEASE only sign and return when you are satisfied that your staff member has completed all of the relevant mandatory units and correctly answered questions.

A PHOTOCOPY of this completion statement ONLY, MUST be sent to Learning and Development. This is for input on to the Trusts Central Training Data Base (OLM) as evidence that your staff member has completed the Mandatory Training Assessment Pack.

A further copy should be placed in your staff members personal development file.

This is to confirm the Mandatory Training Assessment has been completed by:

Surname: (Block Capitals)

.....

Forename: (Block Capitals)

.....

Job Title: .....

Department/Ward:.....

Division/Directorate:.....

Date Completed: (This must be within 12 weeks of receipt) .....

Staff Signature: .....

Manager: (Printname) .....

Manager:( Signature) .....

**Return a copy to Learning and Development, Blackpool Teaching Hospitals,  
Learning and Development Department, Blackpool Stadium, Seaside Way, Blackpool, FY1 6JX**

**An electronic copy can be emailed to: [olm@bfwhospitals.nhs.uk](mailto:olm@bfwhospitals.nhs.uk)**

Date Sent: .....