

## Report.

pg 15. Para 4  
 RA Guidelines for Clinical &  
 Non Clinical ~~at~~ Risks.  
 5.4.2 pg 13.

pg 16. Para 2. A few staff .....

pg 16 Para 4  
 H&S Newsletter  
 Quarterly Rep to Board,  
 See 9.4 (pg 10-13)

pg 4

pg 8

pg 14

~~pg 20~~

pg 21

pg 22

Check 11 & Jane  
 Policy or Implementation  
 of policy?

"In relation ....."

No reference to GP  
 Violence Zero Tolerance  
 Service

See CG Chce Jan 03  
 (1.9.1.4)

Summ Statement.

7 - 9 to Media.

Check pages to go to press

~~pg 7~~ ? More of <sup>Context</sup> pg 28 in Summary.

~~pg 11~~  
pg 11

Take out upgrading as assoc.  
with Institutional Care.

LIFT = Improvement NOT  
Implementation

~~pg 12~~ & take out Residential

~~pg 15~~  
pg 15  
pg 16

CH

CH. Take out Action point 1.

pg 20

Evidence for lack of systems  
for approving.....

pg 21

5 Subgroups ref HR Strat  
Top Ref Personnel Panel.  
Charts of gaps.

? Mention of sickness.  
Should be 5.6%.

CPD ?

O.K

? Staff Survey  
positive information.

pg 25 Bullet Points.

Refer Approval POP Info  
& Service T&D Plans.

1st Para - Bob Smith to check

IT.

Clinician Connect. Info  
from Chris Tite.

pg 26.

27

Ref back to March Info  
? Additional Info.

? PRIMIS Info.

pg 29

pg 33.

## Justina Jeffs - Clinical Governance Manager

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**From:** Caroline Harrington - Risk & Litigation Manager  
**Sent:** 02 June 2004 11:04  
**To:** Justina Jeffs - Clinical Governance Manager  
**Subject:** FW: CHI Report comments

-----Original Message-----

**From:** Caroline Harrington - Risk & Litigation Manager  
**Sent:** 01 June 2004 11:49  
**To:** Fiona Cameron - Director of Nursing & Clinical Governance  
**Subject:** CHI Report comments

Justina  
 Comments as discussed:

### Chi Report

Page 15; Para 4 (under 'What are the key findings)

The PCT has a risk register which is reviewed by the RMC. This includes both clinical and non-clinical risks identified through the Risk Assessment Process. (See RA Guidance, page 13.)

Page 16; Para 2 (Staff demonstrate.....) - Staff report incidents using the PCT Risk Event Book located in their area.

Page 16; Para 4 (There are systems...) Add in Health & Safety Newsletter and Quarterly risk stats feeding in to Service Review.

Page 16; First Action ?void - the current Risk Register is populated through the Risk Assessment process which identifies clinical and non-clinical risks.

### Evidence tables

**Page 27** (Staff reported...) The PCT uses the Ulysses Safeguard Risk Management Database, which comprises the Incident Module which is populated with clinical and non-clinical incidents and near-misses; the Risk Module which collates potential risks (clinical and non-clinical) identified through the Risk Assessment process (see RA Guidance, page 13); a Complaints module and a Claims module. The trends identified using this information are reported (in varying degrees of detail) on a quarterly basis to the Health & Safety Cttee, RMC, CGC, Board, and Service Review.

**Page 29** Para 4 - There is a PCT Risk Event Book in every clinical and non-clinical area throughout PCT premises. All staff are required to complete a risk event form following an incident or near-miss. The area/dept manager also completes a section on the form which is signed off by the Service/Senior Manager before being sent to the Risk Department to be entered onto the Risk Management Database.

If you need any more let me know.  
 Caroline