

## First Domain – Safety

Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Core Standard	Prompts	Baseline Position	Compliant Level	Assurance
<p><b>C1</b> Healthcare organisations protect patients through systems that:</p> <p>a) Identify and learn from all patient safety incidents and other reportable incidents and make improvements in practice based on local and national experience and information derived from analysis of incidents</p>	<p>The healthcare organisation has a defined reporting process and incidents are reported, both within the local reporting process and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System, taking into account Building a safer NHS for patients: implementing an organisation with a memory (Department of Health 2001).</p> <p>Reported incidents are analysed to seek to identify root causes and likelihood of repetition, taking into account Building a safer NHS for patients implementing an organisation with a memory (Department of Health 2001).</p> <p>Improvements in practice are made as a result of analysis of local incidents taking into account Building a safer NHS for patients implementing an organisation with a memory (Department of Health 2001), and also as a result of information arising from the NPSAs national analysis of incidents via the National Reporting and Learning System.</p>	<p>Incident reporting policy approved by the Board July 2004 and the Director of Finance is the Board lead in this area. All incident forms are sent centrally to the Risk Manager to analyse and input onto Safeguard. The National Patient Safety Agency (NPSA) receives information via the National Learning and Reporting System (NRLS). Board approved Serious Untoward Incident policy in place and available to all staff via intranet and is a controlled document. Fully compliant with the Clinical Negligent Scheme for Trusts (CNST) level 1B.</p> <p>Quarterly reports submitted to Operational Managers for dissemination and discussion within teams across the organisation. Reports analyse trends and provide break down of types and causes of incidents. All national alerts and incidents and sent electronically to the Head of Governance who cascades as appropriate. Head of Governance, Risk Manager, PALS coordinator and Complaints Manager have all received training in Root Cause Analysis. The Risk links have received training in the Institutional of Occupational Safety and Health.</p> <p>Lessons learned are routinely discussed at the Clinical Risk Management Group along with formal reports to the Risk Management Committee.</p>	Compliant	<p>Risk Management Committee</p> <p>Clinical Risk Management Group</p> <p>Health and Safety Committee</p> <p>CNST Level 1B Report</p> <p>Policy for the Reporting of Accidents, Incidents and Hazards.</p>
<p><b>C1</b> Healthcare organisations protect patients through systems that:</p> <p>b) Ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon with required timescales</p>	<p>Patient safety notices, alerts and other communications issued by the Safety Alert Broadcast System (SABS) and Medicines and Healthcare products Regulatory Agency (MHRA) are implemented within the required timescale, in accordance with Chief Executives bulletin article (Gateway 2326) and the drug alerts system administered by the Defective Medicines Support Centre (part of the MHRA).</p>	<p>All alerts are sent electronically to the Head of Governance who does a controlled cascade to all relevant areas/individuals. The cascade flow chart forms part of the Terms of Reference for the Medical Devices Group. Fully compliant with CNST level 1B.</p>	Compliant	<p>Clinical Risk Management Group</p> <p>Medical Devices Group</p> <p>Clinical Negligence Scheme for Trusts Level 1B Report</p>

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<b>C2</b> Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	<p>The healthcare organisation has defined and implemented effective processes for identifying, reporting and taking action on child protection issues, in accordance with the Protection Of Children Act 1999, the Children Act 2004, Working together to safeguard children (Department of Health 1999) and Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities (Department of Health 2001).</p> <p>The healthcare organisation works with all relevant partners and communities to protect children in accordance with Working together to safeguard children (Department of Health 1999).</p> <p>Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to patients and relatives in the normal course of their duties in accordance with CRB disclosures in the NHS (NHS Employers 2004).</p>	CEO is the Board lead for Child Protection. The Child Protection Committee is a sub committee of the Clinical Governance Committee and has a named nurse and named doctor as core members. Regular reports are submitted to the Clinical Governance Committee outlining progress against the Commission for Health Improvement (CHI) audit and any national guidance. Access is available to staff 24 hours a day to contact named professionals for child protection. Children's safety issues or issues of concern along with chapter 8 reviews are a standing agenda item at the Child Protection Committee. CRB checks are routinely carried out to all new staff including locums. Child protection training is part of the clinical governance matrix and a training matrix is used to identify the level of need for all staff. All clinical staff have the opportunity to receive some form of training irrespective of their base. Training is monitored throughout the year and operational managers receive notification of non-attendance. The Area Child Protection Committee minutes are a standing item on the agenda for the Child Protection Committee to consider.	Compliant	<p>Child Protection Committee</p> <p>Clinical Governance Committee</p> <p>Child Protection Annual Report</p> <p>Child Protection Training Analysis Report Activity</p> <p>Internal Audit Reports on CRB Checks</p>
<b>C3</b> Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance	The healthcare organisation follows National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance in accordance with The interventional procedures programme (Health Service Circular 2003/011).	Service is hosted by B & H who also link with the QMC to ensure NICE guidance is adhered to. Locally all practices follow NICE guidance and any development of policies for the clinical services uses NICE as the gold standard. Fully compliant with CNST level 1B.	Compliant	<p>Clinical Governance Committee</p> <p>Clinical Effectiveness Group</p> <p>Clinical Effectiveness Toolkit</p> <p>NSF Groups CNST Level 1B Report</p>

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<p><b>C4</b> Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:</p> <p>a) The risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).</p>	<p>The PCT has taken steps to minimise the risk of healthcare acquired infection to patients, taking account of Winning ways: working together to reduce healthcare associated infection in England (Department of Health 2003), A matrons charter: an action plan for cleaner hospital (Department of Health 2004), Revised guidance on contracting for cleaning (Department of Health 2004), Audit Tools for Monitoring Infection Control Standards (Infection Control Nurses Association 2004) and Prevention of healthcare-associated infection in primary and community care (NICE 2003).</p> <p>The healthcare organisation has systems in place to ensure it contributes to year on year reductions in MRSA in inpatient wards, in accordance with local delivery plans.</p>	<p>The Director of Clinical Service is the Board Lead for healthcare acquired infections. The Infection Control Committee is a sub committee of the Risk Management Committee and is chaired by the Director of Clinical Services. An Infection Control Manual is in all bases across the PCT as well as bases outside the PCT where our staff are located. An action plan is regularly reviewed by the Infection Control Committee and an Annual Report is produced each year outlining achievements for the previous year. A local acute trust provides support for microbiology and a neighbouring PCT host the Infection Control Team. Healthcare associated infections are monitored and there is a substantive Infection, Prevention and Control Framework being followed. Two different teams advise and support on hospital inpatient infection and community infections with support and advice from the Health Protection Agency. Mandatory surveillance information is undertaken by the laboratory service at QMC with MRSA.</p>	Compliant	<p>Infection Control Committee</p> <p>Risk Management Committee</p> <p>Cross Town Infection Control Group</p> <p>Infection Control Manual</p>
<p><b>C4</b> Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:</p> <p>b) All risks associated with the acquisition and use of medical devices are minimised.</p>	<p>The healthcare organisation has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA).</p>	<p>Head of Governance is the designated Lead supported by the Risk Manager. Medical Devices Group is a sub group of the Infection Control Committee and provides reports to the Risk Management Committee. Medical Devices Policy was approved by the Health and Safety Committee, this policy outlines the processes for ensuring that risk associated with the purchase and acquisition of medical devices are minimised. Clinicians on the Medical Devices Group play an active part in the decision making process for purchasing medical devices. The PCT has a Single use of equipment policy and is also covered in the Medical Device Policy. The PCT has established a comprehensive Asset Register of all Medical Devices. Appropriate clinical equipment maintained by Medical Equipment Support Unit. The Head of Governance ensures the alert notices issued via the Safety Alert Broadcast System are sent and acted upon.</p>	Compliant	<p>Medical Devices Group</p> <p>Infection Control Committee</p> <p>Risk Management Committee</p> <p>CNST Level 1B Report</p> <p>Policy for Reporting of Accidents, Incidents and Hazards.</p> <p>Medical Devices Policy</p>

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<p><b>C4</b> Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:</p> <p>c) All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed</p>	<p>Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and Medical Devices Directive (MDD) 93/42 EEC.</p>	<p>All medical devices are decontaminated which accord with (MDD) 93/42 EEC.</p>	<p>Compliant</p>	<p>Medical Devices Group</p> <p>Infection Control Committee</p> <p>Risk Management Committee</p> <p>Medical Devices Policy</p>
<p><b>C4</b> Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:</p> <p>d) Medicines are handled safely and securely.</p>	<p>The healthcare organisation has systems in place to ensure that medicines are handled safely and securely, taking into account Building a safer NHS: improving medication safety (Department of Health 2004), and in accordance with the statutory requirements of the Medicines Act 1968, the Misuse of Drugs Act 1971 and the Misuse of Drugs Act 1971 (Modification) Order 2001.</p>	<p>Nottinghamshire Healthcare Trust chief pharmacist for Nottingham Services coordinates with Matron to ensure services are professionally and safely provided. Prescribing adviser reports to Director of Public Health (Rushcliffe) Chief Community Services Pharmacist reports to Director of Primary Care (Gedling) Director's of Public Health. Chief Pharmacist Notts Healthcare is a member of the NHCT Drugs and Therapeutic Committee (DTC). Two district prescribing advisers sit on DTC (1 from Boroughs &amp; 1 from City PCT). Minutes are disseminated through the Area Prescribing Committee. Prescribing advisers and GP prescribing lead are members of APC, PCT Prescribing Group and Rushcliffe Prescribing Group. All Community Pharmacies have standard operating procedures in line with the Nottingham Health Community preferred prescribing list, which is reviewed 6 monthly by primary care and secondary care representatives. For Community Services if the medicine is costly or will have a large impact on other trusts or primary care drug budget an application goes to Nottm PCT prescribing group or APC.</p>	<p>Compliant</p>	<p>Rushcliffe Prescribing Group (RPG)</p> <p>Area Prescribing Committee (APC)</p> <p>PCT Prescribing Group</p> <p>NHS Patient Survey</p> <p>Patient Group Direction Group</p> <p>Pharmacy Development Group</p> <p>Drugs and Therapeutic Committee (DTC)</p>

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<p><b>C4</b> Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:</p> <p>e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.</p>	<p>Waste is properly managed to minimise the risks to patients, staff, the public and the environment, in accordance with Health and Safety Executive (HSE) guidance: Safe disposal of clinical waste (ISBN 0 7176 24927) (updated publication scheduled for May 2005).</p>	<p>Wastes is taken away by the contractors and are compliant with Health and Safety Executive (HSE) guidance, Safe disposal of clinical waste (ISBN 0 7176 24927)</p>	<p>Compliant</p>	<p>Cross PCT Risk Managers Meetings</p> <p>Patient Environment Action Team reports</p> <p>Health and Safety Committee</p> <p>Clinical Risk Management Group</p> <p>Contract with Cannon Hygiene and contract with Rose which is monitored by the Supplies Manager.</p>