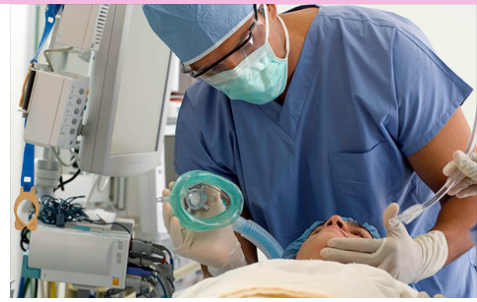
WHEN CLINICAL EVENTS GO WRONG, IT COULD BE…

S-Staff

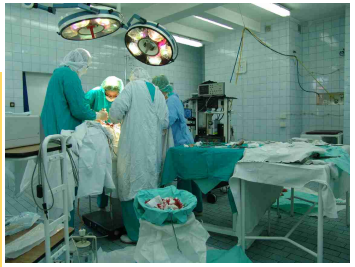
1. Health (including stress, fatigue)
2. Interaction between staff (including communication), supervision, roles and lines of responsibility
3. Knowledge, Skills and Experience
4. Clinical negligence
5. Cognition at time of event, including misdiagnosis, situation awareness, omission / poor or inappropriate execution of procedures, unconscious bias
6. Behaviour, personality, motivation, morale, mood

T-Tasks

1. Number of stages involved
2. Number of people involved
3. Complexity (number of things that could go wrong, potential for interference)
4. Time features



E-Environment



Physical

1. Equipment
2. Materials, including drugs and medication delivery systems
3. Medical notes integrity / availability
4. Computer systems failure
5. Sensory- heat, light, noise, smell
6. Static Environment (design, space, etc)
7. Dynamic Environment (events such as distracting activity, mass casualties, power-cut, etc)

Organisational

8. NHS or local systems, procedures, culture.
9. Professional/Regulatory Body/Legal systems, procedures, culture
10. Staffing levels and expertise, workloads, bed availability

P-Patients

1. Features of anatomy/ physiology, age, medical history & current condition
2. Interaction with staff
3. Features of Knowledge, Skills, Experience; cognition & behaviour
4. Family/carers factors