Root Cause Analysis Investigation tools Contributory Factors Classification Framework

Patient Factors	Components
Clinical	Pre-existing co-morbidity
condition	Complexity of condition
	Seriousness of condition
	Limited options available to treat condition
	Disability
Physical Factors	Poor general physical state
	Malnourished
	Dehydrated
	Age related issues
	Obese
	Poor sleep pattern
Social Factors	Cultural / religious beliefs
	Language
	Lifestyle (smoking/ drinking/ drugs/diet)
	Sub-standard living accommodation (e.g. dilapidated)
	Life events
	Lack of support networks / (social protective factors -Mental Health Services)
	Engaging in high risk activity
Mental/	Motivation issue
Psychological	Stress / Trauma
Factors	Existing mental health disorder
	Lack of intent (Mental Health Services)
	Lack of mental capacity
letous ous sus al	Learning Disability
Interpersonal	Staff to patient and patient to staff
relationships	Patient engagement with services
	Staff to family and family to staff Patient to patient
	Family to patient or patient to family
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	Family to family (Siblings, parents, children)

Staff Factors	Components
Physical issues	Poor general health (e.g. nutrition, hydration, diet, exercise, fitness)
	Disability (e.g. eyesight problems, dyslexia)
	Fatigue
	Infected Healthcare worker
Psychological	Stress (e.g. distraction / preoccupation)
Issues	Specific mental illness (e.g. depression)
	Mental impairment (e.g. illness, drugs, alcohol, pain)
	Lack of motivation (e.g. boredom, complacency, low job satisfaction)
Social Domestic	Domestic problems (e.g. family related issues)
	Lifestyle problems (e.g. financial/housing issues)
	Cultural beliefs
	Language
Personality	Low self confidence / over confidence (e.g. Gregarious, reclusive, interactive)
Issues	Risk averse / risk taker
	Bogus Healthcare worker
Cognitive	Preoccupation / narrowed focus (Situational awareness problems)
factors	Perception/viewpoint affected by info. or mindset (Expectation/Confirmation bias)
	Inadequate decision/action caused by Group influence
	Distraction / Attention deficit
	Overload
	Boredom

Task Factors	Components
Guidelines,	Not up-to-date
Policies and	Unavailable at appropriate location (e.g. Lost/missing/non-existent/not
Procedures	accessible when needed)
	Unclear/not useable (Ambiguous; complex; irrelevant, incorrect)
	Not adhered to / not followed
	Not monitored / reviewed
	Inappropriately targeted/focused (i.e. not aimed at right audience)
	Inadequate task disaster plans and drills
Decision making	Aids not available (e.g. CTG machine; checklist; risk assessment tool; fax
aids	machine to enable remote assessment of results)
	Aids not working (e.g. CTG machine, risk assessment tool, fax machine)
	Difficulties in accessing senior / specialist advice
	Lack of easy access to technical information, flow charts and diagrams
	Lack of prioritisation of guidelines
	Incomplete information (test results, patient history)
Procedural or	Poorly designed (i.e. Too complex; too much info.; difficult to conceive or
Task Design	remember)
	Guidelines do not enable one to carry out the task in a timely manner
	Too many tasks to perform at the same time
	Contradicting tasks
	Staff do not agree with the 'task/procedure design'
	Stages of the task not designed so that each step can realistically be carried out
	Lack of direct or understandable feedback from the task
	Misrepresentation of information
	Inappropriate transfer of processes from other situations
	Inadequate Audit, Quality control, Quality Assurance built into the task design
	Insufficient opportunity to influence task/outcome where necessary
	Appropriate automation not available

Communication	Components
Verbal	Inappropriate tone of voice and style of delivery for situation
communication	Ambiguous verbal commands / directions
	Incorrect use of language
	Made to inappropriate person(s)
	Incorrect communication channels used
Written	Inadequate patient identification
communication	Records difficult to read
	All relevant records not stored together and accessible when required
	Records incomplete or not contemporaneous (e.g. unavailability of patient
	management plans, patient risk assessments, etc)
	Written information not circulated to all team members
	Communication not received
	Communications directed to the wrong people
	Lack of information to patients
	Lack of effective communication to staff of risks (Alerts systems etc)
Non verbal	Body Language issues (closed, open, body movement, gestures, facial
communication	expression)
Communication	Communication strategy and policy not defined / documented
Management	Ineffective involvement of patient/carer in treatment and decisions
3 3 3	Lack of effective communication to patients/relatives/carers of risks
	Lack of effective communication to patients about incidents (being open)
	Information from patient/carer disregarded
	Ineffective communication flow to staff up, down and across
	Ineffective interface for communicating with other agencies (partnership working)
	Lack of measures for monitoring communication

Equipment	Components
Displays	Incorrect information / feedback available
	Inconsistent or unclear information
	Illegible information
	Interference/unclear equipment display
Integrity	Poor working order
	Inappropriate size
	Unreliable
	Ineffective safety features / not designed to fail safe
	Poor maintenance programme
	Failure of general services (power supply, water, piped gases etc)
Positioning	Correct equipment not available
	Insufficient equipment / emergency backup equipment
	Incorrectly placed for use
	Incorrectly stored
Usability	Unclear controls
	Not intuitive in design
	Confusing use of colour or symbols
	Lack of or poor quality user manual
	Not designed to make detection of problems obvious
	Use of items which have similar names or packaging
	Problems of compatibility

Work Environment	Components
Administrative	Unreliable or ineffective general administrative systems (Please specify e.g.: Bookings, Patient identification, ordering, requests, referrals, appointments)
factors	Unreliable or ineffective admin infrastructure (e.g. Phones, bleep systems etc)
	Unreliable or ineffective administrative support
Design of	Poor or inappropriate office design (computer chairs, height of tables, anti-glare
physical	screens, security screens, panic buttons, placing of filing cabinets, storage facilities, etc.)
environment	Poor or inappropriate area design (length, shape, visibility, provision of space)
	Inadequate security provision
	Lack of secure outside space Inadequate lines of sight
	Inadequate lines of signt Inadequate/inappropriate use of colour contrast/patterns (walls/doors/flooring etc)
Environment	 Facility not available (failure or lack of capacity)
LIMIOIIIIEII	 Fixture or fitting not available (failure or lack of capacity)
	Single sex accommodation limitation/breach
	Ligature/anchor points
	Housekeeping issues – lack of cleanliness
	Temperature too high/low
	Lighting too dim or bright, or lack of
	Noise levels too high or low
	Distractions
Staffing	Inappropriate skill mix (e.g. Lack of senior staff; Trained staff; Approp. trained staff)
	Low staff to patient ratio
	No / inaccurate workload / dependency assessment
	Use of temporary staff
14/ 1 1 1	High staff turnover
Work load and	Shift related fatigue
hours of work	Excessive working hours Lack of breaks during work hours
	Excessive of extraneous tasks
	Lack of social relaxation, rest and recuperation
Time	 Delays caused by system failure or design
	Time pressure

Organisational	Co	mponents
Organisational		Hierarchical structure/Governance structure not conducive to discussion,
structure		problem sharing, etc.
		Tight boundaries for accountability and responsibility
		Professional isolation
		Clinical versus the managerial model
		Inadequate maintenance
		Lack of robust Service level agreements/contractual arrangements
		Inadequate safety terms and conditions of contracts
Priorities		Not safety driven
		External assessment driven e.g. Annual Health checks
		Financial balance focused
Externally		Unexpected adverse impact of national policy/guidance (from Department of
imported risks		Health / Health authorities /Professional colleges)
		Locum / Agency policy and usage
		Contractors related problem
		Equipment loan related problem
		Lack of service provision
		Bed Occupancy levels (Unplanned bed opening/closures)
		PFI related problems (Private Finance Initiative)
Safety culture		Inappropriate safety / efficiency balance
		Poor rule compliance
		Lack of risk management plans
		Inadequate leadership example (e.g. visible evidence of commitment to safety)
		Inadequately open culture to allow appropriate communication
		Inadequate learning from past incidents
		Incentives for 'at risk'/'risk taking' behaviors
		Acceptance/toleration of inadequate adherence to current practice
		Ignorance/poor awareness of inadequate adherence to current practice
		Disempowerment of staff to escalate issues or take action

Education and	Cor	nponents
Training		
Competence		Lack of knowledge
		Lack of skills
		Inexperience
		Inappropriate experience or lack of quality experience
		Unfamiliar task
		Lack of testing and assessment
Supervision		Inadequate supervision
		Lack of / inadequate mentorship
		Training results not monitored/acted upon
Availability /		Training needs analysis not conducted/acted upon
accessibility		On the job training unavailable or inaccessible
,		Emergency Training unavailable or inaccessible
		Team training unavailable or inaccessible
		Core skills training unavailable or inaccessible
		Refresher courses unavailable or inaccessible
Appropriateness		Inappropriate content
		Inappropriate target audience
		Inappropriate style of delivery
		Time of day provided inappropriate

Team Factors	Components
Role	Lack of shared understanding
Congruence	Role + responsibility definitions misunderstood/not clearly defined
Leadership	Ineffective leadership – clinically
•	Ineffective leadership – managerially
	Lack of decision making
	Inappropriate decision making
	Untimely decision making (delayed)
	Leader poorly respected
Support and	Lack of support networks for staff
cultural factors	Inappropriate level of assertiveness
	Negative team reaction(s) to adverse events
	Negative team reaction to conflict
	Negative team reaction to newcomers
	Routine violation of rules/regulations
	Lack of team openness/communication with colleagues
	Inadequate inter-professional challenge
	Failure to seek support
	Failure to address/manage issues of competence (whistle blowing)