

Provisional publication of Never Events reported as occurring between 1 April 2018 and 28 February 2019

Published 28 March 2019

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

Contents

Never Events.....	2
Supporting healthcare providers to prevent Never Events	3
Investigating and learning from Never Events	3
Important notes on the provisional nature of this data.....	4
Summary	5

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations. The [Never Events policy and framework – revised January 2018](#) suggests that Never Events may highlight potential weaknesses in how an organisation manages fundamental safety processes. Never Events are different from other Serious Incidents as the overriding principle of having the Never Events list is that even a single Never Event acts as a red flag that an organisation’s systems for implementing existing safety advice/alerts may not be robust.

The concept of Never Events is not about apportioning blame to organisations when these incidents occur but rather to learn from what happened. This is why, following consultation, in the revised [Never Events policy and framework \(published January 2018\)](#) we removed the option for commissioners to impose financial sanctions when Never Events were reported. The foreword to the framework states: “.....allowing commissioners to impose financial sanctions following Never Events reinforced the perception of a ‘blame culture’. Our removal of financial sanctions should not be interpreted as a weakening of effort to prevent Never Events. It is about emphasising the importance of learning from their occurrence, not blaming.” Identifying and addressing the reasons behind this can potentially improve safety in ways that extend far beyond the department where the Never Event occurred or the type of procedure involved.

Please note that because the definitions and designated list of Never Events were revised from February 2018, direct comparison of the number of Never Events since that date with earlier periods is not appropriate.

The revised 2018 Never Events policy and framework requires commissioners and providers to agree and report Never Events via the Strategic Executive Information System (StEIS). Where a Serious Incident is logged as a Never Event but does not appear to fit any definition on the [Never Events list 2018 \(published 31 January 2018\)](#), commissioners are asked to discuss this with the provider organisation and either add extra detail to StEIS to confirm it is a Never Event or remove its Never Event designation from the StEIS system.

Supporting healthcare providers to prevent Never Events

To help prevent Never Events a set of new [national safety standards for invasive procedures](#) (NatSSIPs) was published in September 2015, and all relevant NHS organisations in England have now been instructed to develop and implement their own local standards based on the national principles of the NatSSIPs.

These new standards set out broad principles of safe practice and advise healthcare professionals on how they can implement best practice: for example, through a series of standardised safety checks and education and training. The standards also support NHS providers to work with staff to develop and maintain their own, more detailed, local standards and encourage organisations to share best practice.

To help prevent nasogastric Never Events, an [Alert Nasogastric tube misplacement: continuing risk of death and severe harm](#) and [resource set](#) were published by NHS Improvement in July 2016. These provide materials to help trust boards, or their equivalents, assess whether previous alerts and guidance about nasogastric tubes have been implemented and embedded in their organisations.

The Care Quality Commission has undertaken a recent thematic review in collaboration with NHS Improvement to get a better understanding of what can be done to prevent the occurrence of Never Events. The report [‘Opening the door to change’](#) was published in December 2018.

The report found that: “Never Events continue to happen despite the hard work and efforts of frontline staff. Staff are struggling to cope with large volumes of safety guidance, they have little time and space to implement guidance effectively, and the systems and processes around them are not always supportive. Where staff are trying to implement guidance, they are often doing this on top of a demanding and busy role that makes it difficult to give the work the time it requires.”

The report includes a recommendation that “NHS Improvement should review the Never Events framework and work with professional regulators and royal colleges to take account of the difference in the strength of different kinds of barrier to errors (such as distinguishing between those that should be prevented by human interactions and behaviours such as using checklists, counts and sign-in processes;

and those that could be designed out entirely such as through the removal of equipment or fitting/using physical barriers to risks). This review should focus on the leadership and culture needed to underpin safety. It should take into account the different settings in which Never Events occur, including acute, mental health and community settings” This work may involve changes to the approach of the Never Events framework and the list of Never Events in the future.

Investigating and learning from Never Events

NHS providers are encouraged to learn from mistakes and any organisation that reports a Never Event is expected to conduct its own investigation so it can learn and take action on the underlying causes.

The fact that more and more NHS staff take the time to report incidents is good evidence that this learning is happening locally. We continue to encourage NHS staff to report Never Events and Serious Incidents to StEIS and all patient safety incidents to the National Reporting and Learning System (NRLS), to help us identify any risks so that necessary action can be taken.

Important notes on the provisional nature of this data

To support learning from Never Events we are committed to publishing this data as early as possible. However, because reports of apparent Never Events are submitted by healthcare providers as soon as possible, often before local investigation is complete, all data is provisional and subject to change.

Because of the complex combination of incidents identified as Never Events when first reported, Serious Incidents designated as Never Events at a later date, and incidents initially reported as Never Events that on investigation are found not to meet the criteria, our monthly provisional Never Event reports provide cumulative totals for the current financial year. This is to ensure the information provided is as consistent and as accurate as possible.

This provisional report is drawn from the StEIS system, and includes all Serious Incidents with a reported incident date between 1 April 2018 and 28 February 2019 and which on 7 March 2019 were designated by their reporters as Never Events.

Data on [Never Events for 2017/18 and previous years](#) can be found on the NHS Improvement website.

Once sufficient time has elapsed after the end of the 2018/19 reporting year for local incident investigation and national analysis of data, NHS Improvement will produce a final whole-year report of Never Events, which will replace this provisional data.

Summary

When data for this report was extracted on 7 March 2019, 461 Serious Incidents on the StEIS system were designated by their reporters as Never Events and had a reported incident date between 1 April 2018 and 28 February 2019. Of these 461:

- 451 Serious Incidents appeared to meet the definition of a Never Event in the [Never Events list 2018 \(published 31 January 2018\)](#) and had an incident date between 1 April 2018 and 31 January 2019; this number is subject to change as local investigations are completed
- A further nine Serious Incidents did not appear to meet the definition of a Never Event and are currently being reviewed by the relevant organisations
- One was a duplicate entry.

More detail is provided in the tables below.

Table 1: Never Events 1 April 2018 to 28 February 2019 by month of incident*

Month in which Never Event occurred	Number
April 2018	37
May 2018	52
June 2018	61
July 2018	32
August 2018	56
September 2018	32
October 2018	45
November 2018	39
December 2018	33
January 2019	36
February 2019	28
Total	451

Note: A further nine Serious Incidents did not appear to meet the definition of a Never Event and are currently being reviewed by the relevant organisations. One was a duplicate entry.

*Numbers are subject to change as local investigations are completed.

Table 2: Never Events 1 April 2018 to 28 February 2019 by type of incident with additional detail*

Type and brief description of Never Event	Number
Wrong site surgery	182
Adenoids removed in error during a tonsillectomy when plan was to conserve them	1
Biopsy of wrong breast	1
Botox injection instead of nerve block	1
Cervical biopsy rather than biopsy of colon	1

Circumcision rather than a flexible cystoscopy	1
Cystoscopy undertaken that was intended for another patient	1
Exploration of wrong oral cyst	1
Gastroscopy and colonoscopy intended for another patient	1
Grommet inserted to wrong ear	1
Incision to wrong part of ear	1
Incision to wrong side of elbow	1
Incision to wrong side of head	1
Incision to wrong side of knee	1
Incision to wrong side of toe nail	1
Injection to both eyes rather than just one	1
Injection to wrong area of foot	1
Injection to wrong eye	6
Injection to wrong hip	1
Injection to wrong toe	1
K wire to wrong thumb joint	1
Knee aspiration performed instead of joint injection	1
Laser surgery to wrong eye	1
Lumbar puncture performed on wrong patient	1
Misplacement of central line	1
Myometrial biopsy performed on the wrong patient	1
Hysterectomy and salpingo-oophorectomy when the plan was to conserve one or both ovaries	5
Perianal abscess incised instead of pilonidal	1
Tonsillectomy performed when not consented for	2
Unnecessary shoulder injection as patient had already had it	1

Wrong breast biopsy	1
Wrong breast lump removed	1
Wrong ear lesion removed	1
Wrong eye muscle resected as part of squint surgery procedure	2
Wrong finger incision	2
Wrong hip aspiration	1
Wrong hip procedure	1
Wrong injection to eye	1
Wrong joint arthrogram and injection	1
Wrong laparoscopic port site re explored	1
Wrong patient - central line inserted that was intended for another patient	1
Wrong patient had a colonoscopy intended for another patient	1
Wrong patient had laser eye surgery intended for another patient	1
Wrong side angiogram	2
Wrong side angioplasty	3
Wrong side Bartholin's cyst	1
Wrong side chest drain	2
Wrong side excision of vas and testicular vessels	1
Wrong side hernia incision	1
Wrong side lung biopsy	1
Wrong side of colon removed	1
Wrong side of elbow	1
Wrong side of toe nail removed	1
Wrong side spinal injection	11

Wrong side spinal surgery	1
Wrong side ureteric stent	3
Wrong side ureteric stent removed	2
Wrong side ureteroscopy	2
Wrong site block	33
Wrong skin lesion biopsy	2
Wrong skin lesion removed	17
Wrong squint surgery esotropia rather than exotropia	1
Wrong thyroid lobe removed	1
Wrong toe incision	1
Wrong toe nail removed	1
Wrong toe removed	1
Wrong tooth/teeth removed	38
Retained foreign object post procedure	101
Acetabular sizing trial	1
Cotton wool ball	1
Filshie bung	1
Gauze roll	1
Guide peg from internal fixation fractured radius	1
Guide wire - central line	8
Guide wire - chest drain	2
Guide wire - coronary artery stent	2
Guide wire - femoral line	1
Guide wire - haemodialysis line	1
Guide wire - Hickman line	1

Guide wire - naso gastric tube	1
Guide wire - PICC line	2
Guide wire - vascath	1
Guide wire from pelvic fracture repair	1
Guide wire tip - PICC line	1
Guide wire tip - urinary catheter	1
Haemostatic material	1
K wire	1
Knee replacement pin	2
Loop electrode from uterine resectoscope	1
Metallic object	1
Mouth props	1
Part of a catheter from a Transjugular intrahepatic portosystemic shunt	1
Part of a drill bit	1
Part of a laparoscopic grasper	1
Plastic tubing	1
Screw caps	1
Specimen retrieval bag	2
Surgical drain	1
Surgical forceps	1
Surgical needle	2
Surgical swab	11
Throat pack	2
Tonsil swab	1
Trocar protector	1

Vaginal swab	40
Vein cannula	1
Wrong implant/prosthesis	60
Breast implant	1
Femoral nail	1
Hip	23
Knee	10
Lens	8
Wrong bone cement	1
Wrong fracture fixation plate	4
Wrong intra uterine device	6
Wrong k wires	1
Wrong neuro stimulator	1
Wrong spinal cord stimulator	1
Wrong stent	1
Wrong type of corneal graft	1
Wrong vascular graft	1
Unintentional connection of a patient requiring oxygen to an air flowmeter	44
Patient connected to air flowmeter rather than oxygen	44
Misplaced naso- or orogastric tubes	25
Nasogastric tube in the respiratory tract and feed administered	25
Overdose of insulin due to abbreviations or incorrect device	13
Insulin withdrawn from a Kwik pen device	1
Insulin withdrawn from an insulin pen	1
Wrong syringe used	11

Administration of medication by the wrong route	9
Oral medication given intravenously	7
Oral medication given via endotracheal tube	1
Subcutaneous medication given intravenously	1
Failure to install functional collapsible shower or curtain rails	6
Curtain rail failed to collapse	3
Shower curtain rail failed to collapse	3
Transfusion or transplantation of ABO incompatible blood components or organs	4
Blood transfused that was intended for another patient	1
Wrong blood transfused	3
Mis-selection of high strength midazolam during conscious sedation	3
Overdose of midazolam	3
Overdose of methotrexate for non-cancer treatment	3
Higher dose prescribed	1
Overdose of methotrexate for non-cancer treatment	2
Falls from poorly restricted windows	1
Window restrictors damaged	1
Total	451

Note: A further nine Serious Incidents did not appear to meet the definition of a Never Event and are currently being reviewed by the relevant organisations. One was a duplicate entry.

*Numbers are subject to change as local investigations are completed.

Table 3: Never Events 1 April 2018 to 28 February 2019 by healthcare provider*

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Abbe yfield Medical Centre, reported by NHS North East Essex CCG	1												1
Aintre e Unive			1										1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
rsity Hospital NHS Foundation Trust													
Airedale NHS Foundation Trust	2												2
Alder Hey Children's NHS	1		1			1							3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Foundation Trust													
Ashford and St. Peter's Hospitals NHS Foundation Trust		1											1
Barking, Haver		1		2									3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ing and Redbr idge Unive rsity Hospi tals NHS Trust													
Barns ley Hospi tal NHS Foun dation Trust	1					1							2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Barts Health NHS Trust	5	5	1	1	1								13
Basildon and Thurrock University Hospitals NHS Foundation Trust	1	1		1		1	1						5

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Bedford Hospital NHS Trust	4	1											5
Birmingham Community Healthcare NHS Foundation Trust	2												2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Birmingham Women's and Children's Hospital NHS Foundation Trust	1	1			2								4
Blackpool Teaching	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Hospitals NHS Foundation Trust													
Bolton NHS Foundation Trust	2												2
Bradford Teaching Hospi	1	2											3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
tals NHS Foun dation Trust													
Bridg ewate r Com munit y Healt hcare NHS Foun dation Trust	1	1											2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Bright on and Sussex University Hospitals NHS Trust	1	1											2
Buckinghamshire Healthcare	1	1		1									3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Trust													
Calderdale and Huddersfield NHS Foundation Trust		1		3									4
Cambridgeshire Community	1		2										3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Servic es NHS trust													
Camb ridge Unive rsity Hospi tals NHS Foun dation Trust	1				1								2
Chels ea and West		1		1									2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Minster Hospital NHS Foundation Trust													
Chesterfield Royal Hospital NHS Foundation Trust	1	1											2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Circle Nottingham NHS Treatment Centre	1												1
City Healthcare Dental Services, Goole Hospital -	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
report ed by NHS Hull CCG													
City Health care Dental Services, Highlands Health Centre -	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
report ed by NHS Hull CCG													
City Hospi tals Sunder land NHS Foun dation Trust	3												3
Com munit y Denta	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
I Services, Dental Access Centre, Peterborough reported by NHS Luton CCG													

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Countess of Chester Hospital NHS Foundation Trust	1												1
County Durham and Darlington NHS Foun	1		1				1		1				4

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ation Trust													
Dartford and Gravesham NHS Trust				2									2
Dental Services, reported by NHS South West	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
regional team													
Derbyshire Community Health Services NHS Foundation Trust		1											1
Devises	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Treatment Centre (Care UK), reported by NHS England													
Doncaster and Bassetlaw Teach	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ing Hospitals NHS Foundation Trust													
Dorset County Hospital NHS Foundation Trust		1											1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
East and North Hertfordshire NHS Trust	4				1								5
East Cheshire NHS Trust			2										2
East Kent Hospitals	2	1	1							1			5

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Unive rsity NHS Foun dation Trust													
East Lanca shire Hospi tals NHS Trust				1			1						2
East Suffol k and North	1	1	2			1							5

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Essex NHS Foundation Trust													
East Sussex Healthcare NHS Trust		1											1
Epso m and St Helier Unive							1		1				2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
rsity Hospitals NHS Trust													
Essex Partnership University NHS Foundation Trust										2			2
Frimley Health	3												3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
h NHS Foundation Trust													
Gateshead Health NHS Foundation Trust	1												1
Gentle Dental	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Care, reported by NHS Croydon CCG													
George Eliot Hospital NHS Trust				1									1
Gibraltar House	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Dental Clinic, Reported by NHS South East CCG													
Gloucestershire Hospitals NHS Foundation Trust	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Great Western Hospitals NHS Foundation Trust	1	1	3										5
Guy's and St Thomas' NHS Foundation Trust	6			1			1						8

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Hampshire Hospitals NHS Foundation Trust			1										1
Hillingdon Hospital NHS Foundation Trust	2		1										3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
HMP Wakefield, reported by Care UK Yorkshire and the Humber						1							1
Homearton University Hospital		1	1										2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
tal NHS Foundation Trust													
Hull City Health Care Partnership, reported by NHS Hull CCG	2												2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Imperial College Healthcare NHS Trust	3	3											6
James Paget University Hospitals NHS Foundation Trust					1								1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
dation Trust													
Kettering General Hospital NHS Foundation Trust		1											1
King's College Hospital	3	2		2		1	1						9

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Foundation Trust													
Kingston Hospital NHS Foundation Trust							1						1
Lancashire Care NHS Foun	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ation Trust													
Lanca shire Teach ing Hospi tals NHS Foun dation Trust	2	1			2	1							6
Leeds Teach ing Hospi tals	1	2	1	2	1								7

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Trust													
Leicestershire Partnership NHS Trust										1			1
Liverpool Heart and Chest Hospital NHS				1									1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Foundation Trust													
Liverpool Women's Hospital NHS Foundation Trust		1	1										2
Local Community			1										1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
y Partnership s CIC, reported by NHS Greater Huddersfield CCG													
London North West Unive	2	1	1	1									5

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
rsity Health care NHS Trust													
Luton and Dunstable University Hospital NHS Foundation Trust	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Maids tone and Tunbridge Wells NHS Trust		1											1
Manchester University NHS Foundation Trust	1		1		2								4
Medway	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Community Healthcare													
Medway NHS Foundation Trust		1											1
Mersey Care NHS Foundation Trust										1			1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Mid Cheshire Hospitals NHS Foundation Trust		1											1
Mid Essex Hospital Services NHS Trust	3		1										4

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Mid Yorkshire Hospitals NHS Trust	1				1								2
Milton Keynes University Hospital NHS Foundation Trust	1	1					1						3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Moorfields Eye Hospital NHS Foundation Trust	2												2
My dentist Leigh, reported by Greater Manc	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
hester Direct Commissioning													
Newcastle Upon Tyne Hospitals NHS Foundation Trust	2	1				1	1						5
Norfolk and Norwi	2	2	2										6

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ch Unive rsity Hospi tals NHS Foun dation Trust													
North Bristol NHS Trust		1		4									5
North Cumb ria Unive rsity		1					1						2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Hospitals Trust													
North Middlesex University Hospital NHS Trust		1	2										3
North West Anglia NHS Foundation Trust	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ation Trust													
Northampton General Hospital NHS Trust	1												1
Northamptonshire Healthcare NHS Foundation Trust								1					1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ation Trust													
North ern Devon Healthcare NHS Trust	1												1
North ern Lincolnshire and Goole NHS Foun	2	1											3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ation Trust													
Northumbria Healthcare NHS Foundation Trust	2			1			1						4
Nottigham University Hospitals		1											1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Trust													
Nuffield Health North Staffordshire private hospital, reported by NHS North		1											1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Staffordshire CCG													
Oxford Health NHS Foundation Trust	1									1			2
Oxford University Hospi	3	5											8

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
tals NHS Foundation Trust													
Parkside private hospital, reported by NHS Wandsworth CCG			1										1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Pennine Acute Hospitals NHS Trust	2			1									3
Pinehill private hospital, reported by NHS East and			1										1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
North Hertfordshire CCG													
Poole Hospital NHS Foundation Trust	2	1											3
Portsmouth Hospitals NHS Trust	2				1								3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Priory Hospital Southampton, reported by NHS England										1			1
Queen Elizabeth Hospital King's	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Lynn NHS Foundation Trust													
Queen Victoria Hospital NHS Foundation Trust		1											1
Ramsay River	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
s Hospital, reported by NHS West Essex CCG													
Robert Jones and Agnes Hunt Orthopaedi			1										1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
c Hospital NHS Foundation Trust													
Rothe rham NHS Foundation Trust	3				1								4
Rowle y Hall Hospi tal,	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
report ed by Staffo rd and surro unds CCG													
Royal Berks hire NHS Foun dation Trust	1	3		3									7
Royal Bourn	1		2										3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
emouth and Christchurch Hospitals NHS Foundation Trust													
Royal Brompton and Harefield NHS					1								1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Foundation Trust													
Royal Cornwall Hospitals NHS Trust		2											2
Royal Devon and Exeter NHS Foundation Trust	3	1			1								5

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Royal Free London NHS Foundation Trust	4	2	1	2									9
Royal Liverpool and Broadgreen University Hospitals			1		1			1					3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Trust													
Royal Surrey County Hospital NHS Foundation Trust		1											1
Royal United Hospitals	3	1											4

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Bath NHS Foundation Trust													
Royal Wolverhampton NHS Trust	2	2											4
Salisbury NHS Foundation Trust	1			1									2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Sand well and West Birmi ngha m Hospi tals NHS Trust	1	2											3
Sheffi eld Childr en's NHS Foun	2	1											3

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ation Trust													
Sheffield Teaching Hospitals NHS Foundation Trust	1	2											3
Sherwood Forest Hospitals	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Foundation Trust													
Shrewsbury and Telford Hospitals NHS Trust	1	2											3
Somerset Partnership NHS	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Foundation Trust													
South Tees Hospitals NHS Foundation Trust	1	3											4
South Warwickshire NHS Foundation Trust	2												2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ation Trust													
Southampton General Hospital, reported by NHS Southampton CCG	1												1
Southampton	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
n NHS Treatment Centre (Care UK), reported by NHS Southampton CCG													
South end Unive	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
rsity Hospital NHS Foundation Trust													
Southport and Ormskirk Hospital NHS Trust		2											2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Spire London East private hospital, reported by NHS Redbridge CCG	1												1
Spire Manchester private		1											1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
e hospital, reported by NHS Manchester CCG													
Spire Regency private hospital, reported by	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Eastern Cheshire CCG													
St Catherine's Hospital, reported by NHS Wirral CCG			1										1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
St George's University Hospitals NHS Foundation Trust			1		1				1				3
St Helens and Knowsley Teaching		1											1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Hospitals NHS Trust													
Stockport NHS Foundation Trust		1											1
Surrey and Sussex Healthcare NHS Trust	1		1										2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Sussex Community NHS Foundation Trust	1												1
Tameside and Glossop Integrated Care NHS		1			1								2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Foundation Trust													
Taunton and Somerset NHS Foundation Trust	2	1	1										4
Torbay and South Devon NHS	1	1											2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Foundation Trust													
United Lincolnshire Hospitals NHS Trust	2				1							2	5
University College London Hospital	1	4											5

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
tals NHS Foundation Trust													
University Hospital Southampton NHS Foundation Trust	1	1	1										3
University	1	2	1	2	2		1						9

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Hospitals Birmingham NHS Foundation Trust													
University Hospitals Bristol NHS Foundation Trust	2	2											4

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
University Hospitals of Derby and Burton NHS Foundation NHS Trust	3	1		3		1							8
University Hospitals of Leice	4		1	1									6

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ster NHS Trust													
University Hospitals of Morecambe Bay NHS Foundation Trust	1		1		1								3
University Hospi		3	1						1				5

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
tals of North Midlands NHS Trust													
University Hospitals Plymouth NHS Trust	5		1				1						7
Wallace House	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
e Surgery, reported by NHS South West regional team													
Walsall Healthcare NHS Trust			12	1									13

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Walton Centre NHS Foundation Trust			1										1
Warrington and Halton Hospitals NHS Foundation Trust					1								1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ation Trust													
West Hertfordshire Hospitals NHS Trust			2										2
West Suffolk NHS Foundation Trust	2												2

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Western Sussex Hospitals NHS Foundation Trust	1	1		1									3
Weston Area Health NHS Trust												1	1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
White house Dental Surgery, reported by Central Midlands area team	1												1
Whittington Health	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Trust													
Wirral University Teaching Hospital NHS Foundation Trust					1								1
Woodland Hospital, report	1												1

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
ed by NHS Nene CCG													
Worcestershire Acute Hospitals NHS Trust	1												1
Wrightington, Wigan and Leigh	2	1	1	1									5

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
NHS Foundation Trust													
Wye Valley NHS Trust				2									2
York Teaching Hospital NHS Foundation Trust	2			1				1					4

	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Overdose of methotrexate for non cancer treatment	Transfusion or transplantation of ABO incompatible blood	Failure to install functional collapsible shower or curtain rails	Falls from poorly restricted windows	Misselection of high strength midazolam	Total
Total	182	101	60	44	25	9	13	3	4	6	1	3	451

Note: A further nine Serious Incidents did not appear to meet the definition of a Never Event and are currently being reviewed by the relevant organisations. One was a duplicate entry.

*Numbers are subject to change as local investigations are completed.

Table 4: Never Events occurring before 1 April 2018 not previously reported

Provider organisation where Never Event occurred	Month in which Never Event occurred	Incident Type
Great Western Hospitals NHS Foundation Trust	January 2011	Wrong implant/prosthesis
Great Western Hospitals NHS Foundation Trust	March 2013	Wrong implant/prosthesis
Great Western Hospitals NHS Foundation Trust	February 2016	Wrong implant/prosthesis
Great Western Hospitals NHS Foundation Trust	November 2016	Wrong implant/prosthesis
Total		4

Contact us:

NHS Improvement

Wellington House
133-155 Waterloo Road
London
SE1 8UG

0300 123 2257

enquiries@improvement.nhs.uk
improvement.nhs.uk

 [@NHSImprovement](https://twitter.com/NHSImprovement)

This publication can be made available in a number of other formats on request.