

Patient Safety Report

The Patient Safety Report shows information up to the end of **July 2010**. The full report was submitted to the Patient Safety Committee on 1st September 2010 who identified the key issues for reporting to the Board.

Note: Each section includes indicators in the right hand section of each header. A RAG process (Red, Amber Green) shows the current situation of this section.

An upward arrow shows an improvement from the previous month, a downward arrow shows deterioration from the previous month. A Horizontal arrow denotes no change from the previous month.

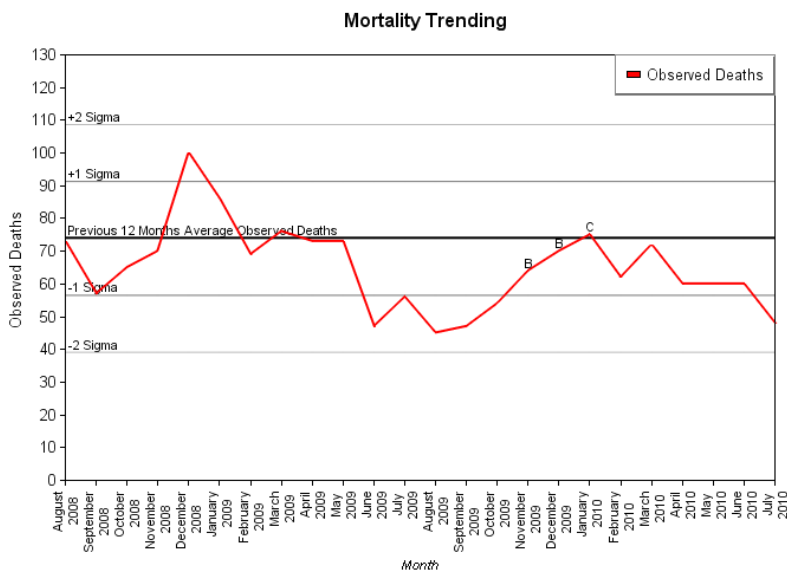
1. Mortality

Trustwide Mortality (Risk Adjusted 2008) shows a minimal decrease from 63 reported in June to 62 in July. Overall we remain below the Peer average for Risk Adjusted Mortality figures.

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Crude mortality: Quarter 2 trends will be available next month when the quarterly data from peer comparators has been uploaded

Data extracted from CHKS



Risk Adjusted (2008) Directorate Drilldown

Directorate	Included Spells	Trust	Peer	Performance
Surgery	1,591	70	71	Good
Medicine	2,179	61	62	Good
Womens & Childrens	474	0	34	Good

2. Incident Reporting

Incident reporting 296 patient incidents were reported in July. There was one major harm incident involving Clostridium difficile recorded as cause of death, which is the same incident as reported as SI (in 2.1 below)

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2.1 Serious Incidents (SI)

5 Serious Incidents reported in July.

- MRSA bacteraemia identified
- Clostridium difficile recorded as cause of death (1a on death certificate)

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- Unexpected child death. Child presented in A&E in advanced state of shock which was probably secondary to sepsis. Attempts to resuscitate were unsuccessful. This may be attributed to another provider
- Patient Fall. Fractured wrist identified and later fractured neck of femur.
- Blood transfusion. Patient received 2 units of wrong blood group

Total Open SUI incidents (Sept 2010)	24
Overdue SUI final reports	6*
<i>*Reason for delay:</i>	
Waiting external investigator report	3
Infection control cases	2
Submitted to PSC, amendments to Action Plan being incorporated	1

2.2 Never Events

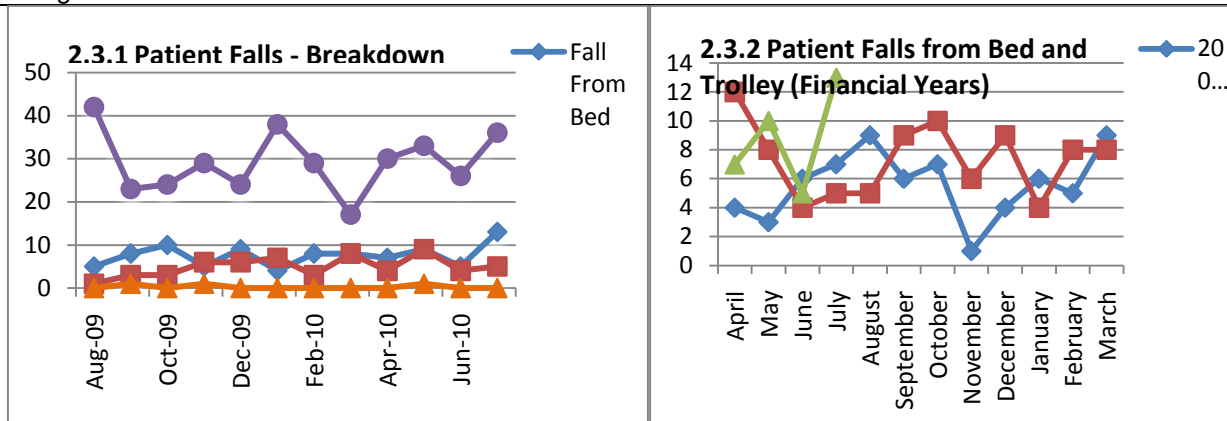
July 2010 – No Never Events reported.

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2.3 Patient Falls

Falls from bed rose to 14 in July. These were spread between medical and surgical wards. Not all have completed the investigation but so far no key contributory factor is identified, the majority have occurred at night and therefore were not witnessed.

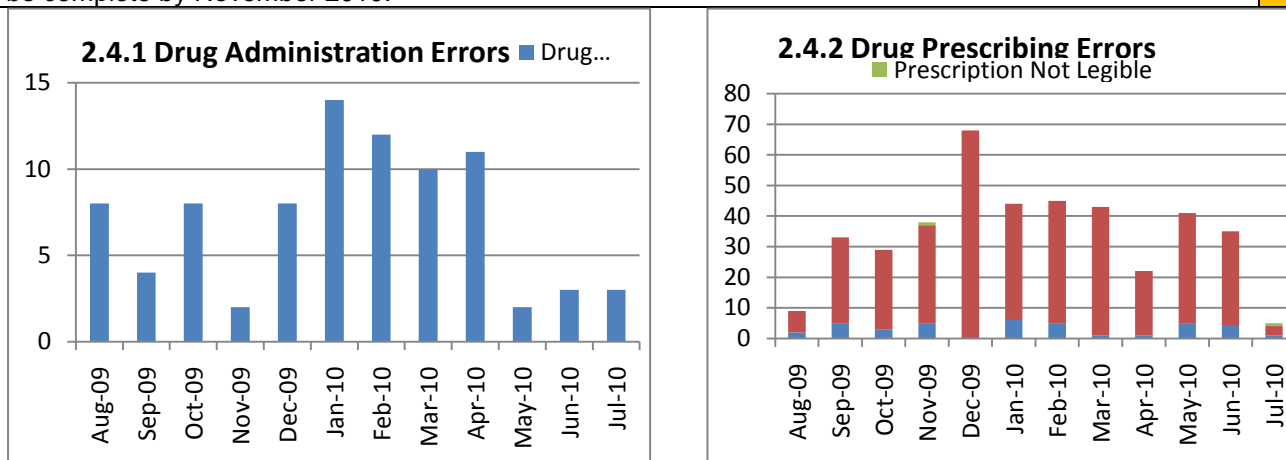
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2.4 Safer Medication

There continues to be a time delay in pharmacy interventions being uploaded to the Datix electronic reporting system. It is hoped that the uploading of the paper forms onto the Datix electronic system will be complete by November 2010.

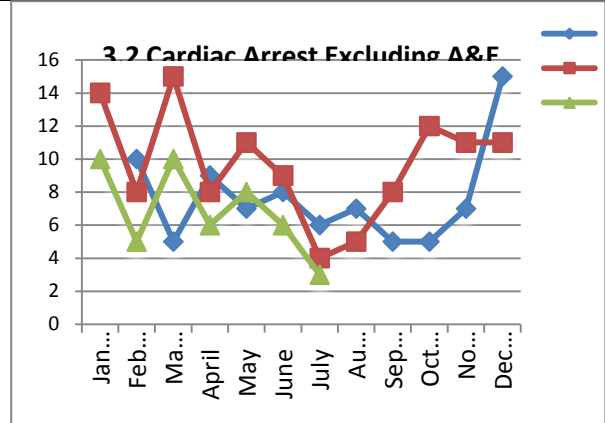
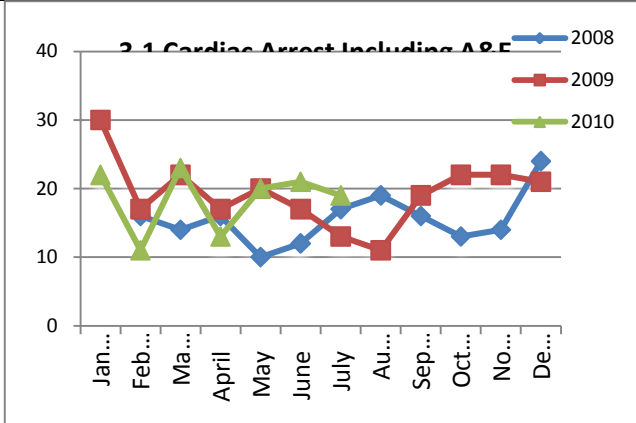
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3. Cardiac Arrests

The number of cardiac arrests decreased in July from 6 cases in June to 3 in July probably due to the impact of the PAR team.

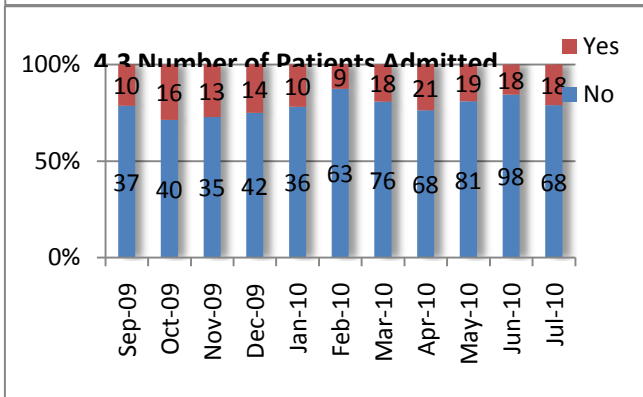
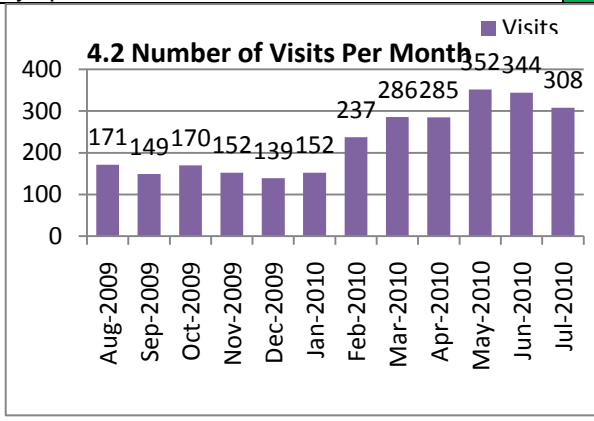
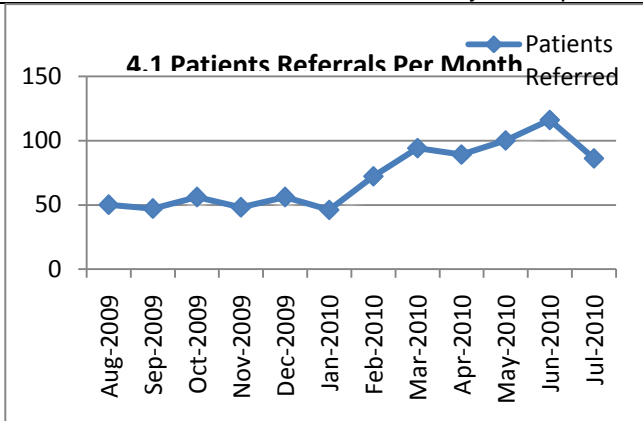
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4. Outreach/Patients at Risk (PAR)

There were 86 patients referred to the Outreach Team during July 2010. 308 visits were made to these 86 patients. 18 were admitted to a higher level of care, the remaining 68 were managed within the ward environment. The PAR service currently now operates 7 days per week, from 08:00 to 20:00

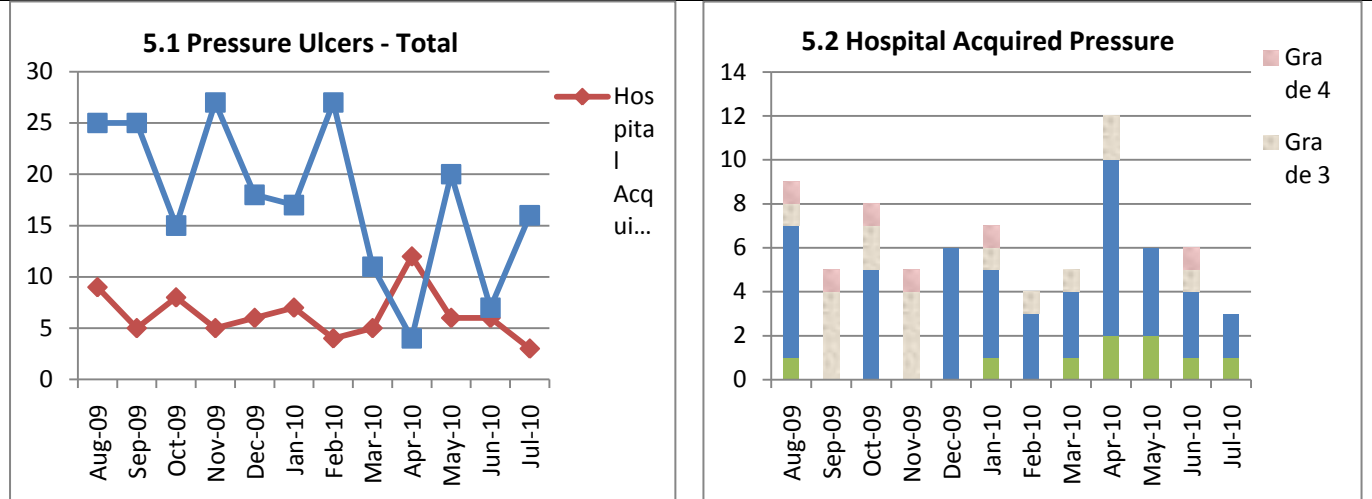
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5. Pressure Ulcers (July 2010)

July 2010: 3 Hospital Acquired (HA) Pressure ulcers were reported in July. There was no Grade 3 or 4 incidents reported for July. Grade 1 (1 incident), Grade 2 (2 incidents).

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6. Patient Observations

The data for this project is collected from the **NPSA - Getting the basics right** chart checker. 4 wards are currently involved in this project (Shuttleworth, Reginald Hart, Richard Wells and Elizabeth Ward). This will include 3 further wards from next month. Revised observation charts will be introduced Trustwide from September 2010. This should see an improvement in the results.

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Parameters measured:

- 6.1. All patient observation documentation provides details of ward, patient name, date of birth, hospital number, consultant and frequency of observations
- 6.2. All patients receive twice daily observations of temperature, pulse, blood pressure and respirations, level of consciousness & oxygen saturation (Unless otherwise indicated)
- 6.3. The patients are assessed against EWS (Early Warning Score) in accordance with trust policy
- 6.4. There is evidence of documentation of referrals to medical staff for the patients assessed as being at risk
- 6.5. 24 hr cumulative balances will be evident on all fluid balance observations
- 6.6. The Patient was weighed on admission to ward

Data collection on the revised forms commenced 1st July 2010. 59 patients were measured in July.

