

## Performance Exception Report

### Indicator:

Number of falls - 50% reduction

### Issue:

The number of falls has increased during year to date particularly on Cedar and Oak wards.

### Proposed Actions:

The three ward managers from Oak, Cedar and Elm ward are leading a service improvement project to focus on reducing falls. This includes launching a "call don't fall" initiative. This includes increasing the amount of information we give to patients and their families regarding how they might help in reducing falls whilst in hospital. The DNS has discussed this with the clinical leads and explained that falls is not purely a nursing issue it is a multidisciplinary issue. It has been requested that medical teams review patients on clinical review that have fallen or could potentially fall (according to risk assessment). James McKeivith consultant has now become involved in the preventing falls working and is currently looking at medications, night sedation and discussing with consultant colleagues if there are any further interventions that we need to look at to prevent falls within the trust.

### Assessing Improvement:

The service improvement project was further presented to the executive team on the 12th November 2014. The presentation from the ward managers highlighted the significant amount of work that is underway to educate and support patients and families in preventing falls. It was acknowledged that despite the increase in falls we are one of the best trusts in the incidence of falls that incur harm as the majority of the falls in LHCH are classified as no harm or minor harm. The emphasis on preventing falls continues with weekly meetings occurring with Ward Managers, ADNS and the Governance & Safety Lead. Meeting to be arranged between Dr McKeivith and Helen Martin to discuss any further actions/involvement to be taken by medical staff. Call don't fall campaign in evidence on wards with bedside leaflets, posters and warning triangles being utilised. Fall alarms being trialled on Elm Ward.

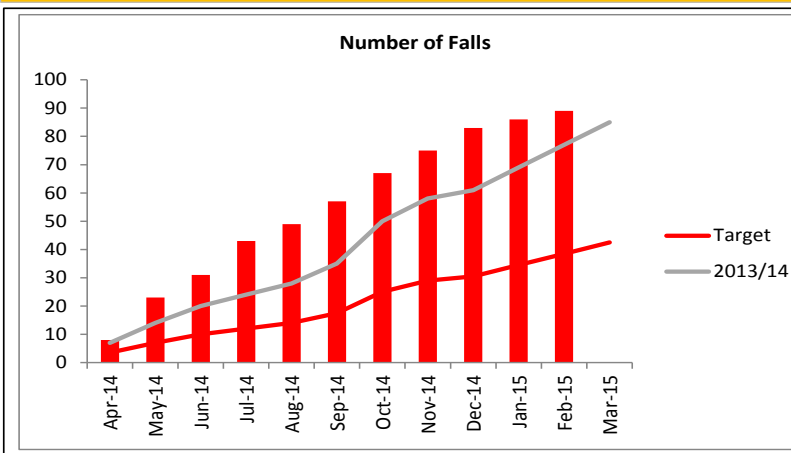
### Expected Date of Performance Delivery:

2014- 2015

| Rating | Target | Actual | Period    |
|--------|--------|--------|-----------|
| Red    | 39     | 89     | 14/15 YTD |

PERFORMANCE

### Historic Data:



### Impact:

Increased numbers of falls can lead to harm for patients. All falls year to date have been mainly no harm with a small number relating to minor harm. The psychological impact of a fall on a patient is not measured but must also be considered. Falls that do incur harm can lead to increased length of stay for patients and impact on their general health.

Falls are monitored through our quality contract with commissioners and is one of our priorities set out in the quality account.

### Executive Lead:

Sue Pemberton

## Performance Exception Report

### Indicator:

Number of in-hospital deaths - 4% reduction

### Issue:

IN MONTH ABOVE TARGET -  
February 2014 11 deaths  
February 2015 17 deaths compared to target of 11  
On review of the 17 deaths the findings are:

- 6 Patients arrived as PCI critically ill and required palliative care
- 10 Patients who developed post procedure complications Medical/Surgical
- 1 Sudden collapse within a ward area

The mortality reviews for the above patients are in progress. any learning from these deaths is discussed at the audit days.

### Proposed Actions:

None -there was a high number of palliative care patients within the number of total deaths. we will continue to review all deaths as part of the mortality review process

### Assessing Improvement:

Monitor learning and outcomes from mortality review process

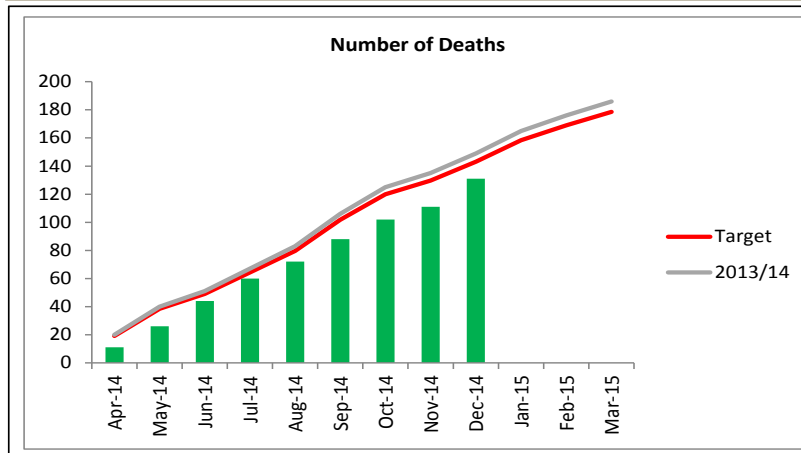
### Expected Date of Performance Delivery:

On going

| Rating | Target | Actual | Period |
|--------|--------|--------|--------|
| Red    | 11     | 17     | Feb-15 |

PERFORMANCE

### Historic Data:



### Impact:

The trust has a robust process for reviewing all deaths.

### Executive Lead:

Sue Pemberton

## Performance Exception Report

### Indicator:

Number of Serious Untoward Incidents (SUIs)

### Issue:

A grade 3 pressure ulcer was identified in February 2015 bringing the Trust total of SUIs to 6 for the year to date against a target of 0 (4 of the 6 SUIs are related to grade 3 pressure ulcers).

Patient identified with grade 2 pressure ulcer on 22nd January on ITU related to the sacrum. The pressure ulcer had developed over site of moisture damage. On the 3rd February the wound had deteriorated and become larger and was regraded to a grade 3 pressure ulcer. Following an Comprehensive level 2 RCA- this pressure ulcer was assessed as unavoidable. ((NPSA 2010).

### Proposed Actions:

Action plans in place to reduce sacral pressure ulcers in theatres and critical care. Matron for Critical Care and TV Nurse meet regularly to ensure actions are in place from scoping meetings. Use of Dolphin mattress, speciality INCO pads now standard practice, in cleanser to maintain skin pH and prophylactic dressings for example. continuing education and vigilance maintained. Matron attends scoping meeting. TV nurse specialist attends Band 7 meeting, on critical care.

### Assessing Improvement:

Monitor learning and outcomes from pressure ulcer review meetings

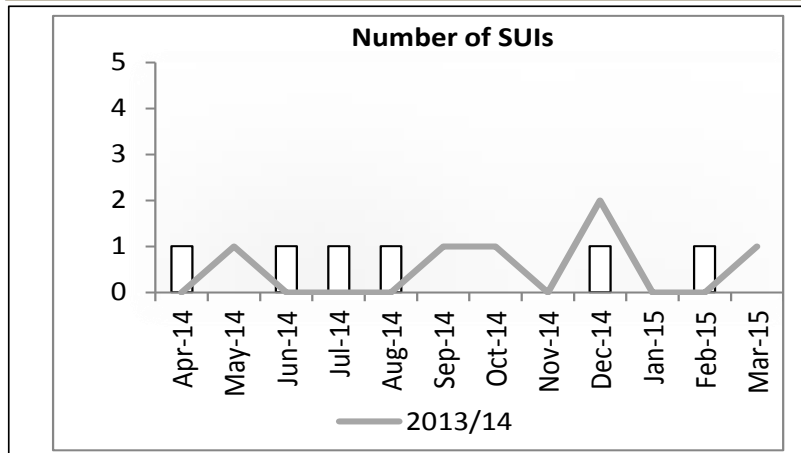
### Expected Date of Performance Delivery:

On going

| Rating | Target | Actual | Period    |
|--------|--------|--------|-----------|
| Red    | 0      | 6      | 14/15 YTD |

PERFORMANCE

### Historic Data:



### Impact:

The trust has a robust process for reviewing all pressure ulcers.

### Executive Lead:

Sue Pemberton