

SI Ref and Description	Date of Incident	Degree of Harm	Actions and Assurance
SI27564 Grade 3 HAPU	3.5.2012	Moderate Harm	<ul style="list-style-type: none"> <li>➤ Root Cause Analysis (RC) concluded an unavoidable Hospital Acquired Pressure Ulcer (HAPU).</li> <li>➤ Issues highlighted in relation to inspecting dressings post-surgery.</li> <li>➤ Issues relate to Doctors identifying dressing to remain for specified period, with rationale. Nurses to ensure that all other precautions are taken and pressure relieving equipment is in place.</li> </ul>
SI27463 Contractors: UCC Fumes	30.4.2012	Moderate Harm	<ul style="list-style-type: none"> <li>➤ 5 members of staff affected and referred to occupational health but have reported experienced no health issues or lasting effects from this incident.</li> <li>➤ No patients affected.</li> <li>➤ Incident highlighted an area of weakness in the Estates Services Department process for the control of contractors and an action plan has been produced relating to reviewing current practice, procedures and risk assessments including staff training to mitigate such reoccurrence.</li> </ul>
SI26375 Grade 3 HAPU	23.3.2012	Moderate Harm	<ul style="list-style-type: none"> <li>➤ RCA concluded that PU was unavoidable and patient developed pressure damage despite all care given and preventative measures taken</li> <li>➤ All interventions, care plan, referrals, pressure relieving equipment and treatments were in place.</li> </ul>
SI27315 Ambulance Divert	24.4.2012	No Patient Harm (service disruption)	<ul style="list-style-type: none"> <li>➤ RCA highlighted communication failures with potential implications for patient experience and safety and for the system as a whole.</li> <li>➤ Full investigation still in progress</li> </ul>
SI26240 Grade 3 HAPU	19.3.2012	Moderate Harm	<ul style="list-style-type: none"> <li>➤ RCA highlighted that the patient was high risk due to their deteriorating condition and was given a very high standard of nursing care but despite all measures the pressure ulcer still deteriorated</li> <li>➤ RCA highlighted concerns relating to recording Waterlow assessments on transfer and new documentation, including a pilot of handover systems for patients with pressure ulcers, is being trialled in AAU.</li> </ul>

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SI26202 Grade 3 HAPU	23.3.2012	Moderate Harm	➤ RCA concluded that PU is unavoidable; PCT agreed and is no longer an SI.
SI26218 Maternity Unit Closure	19.3.2012	No Patient Harm (service disruption)	<ul style="list-style-type: none"> <li>➤ In agreement with PCT, closures reported as SIs although ongoing management is in accordance with agreed protocols to manage capacity issues and address access issues via a multi agency group including the PCT and SHA.</li> <li>➤ Capacity increased following opening of the transitional ward on the 2<sup>nd</sup> April 2012.</li> </ul>
SI26153 HCT/WHHT C-Diff Incident	16.3.2012	Death	<ul style="list-style-type: none"> <li>➤ Multi agency meeting to be convened to determine if active C-diff was the cause as patient did also have sepsis.</li> <li>➤ RCA concludes communication failures and lack of adherence to Infection control policies/procedures. A final report is in progress</li> </ul>
SI65206 Grade 3 right heel HAPU	12.3.2012	Moderate Harm	<ul style="list-style-type: none"> <li>➤ Pressure Ulcer was avoidable and the PCT are putting the SI for closure</li> <li>➤ Action plan completed which included training around BMI calculation, nutritional assessment, accountability in relation to lack of documentation, incomplete assessments etc.</li> </ul>
SI24332 Grade 3 right heel HAPU	7.2.2012	Moderate Harm	<ul style="list-style-type: none"> <li>➤ RCA concluded that PU was unavoidable as dressing was applied in theatre by with instructions not to remove it for 3 days; all other care and preventative measures were in place.</li> <li>➤ Action identified for doctors to be made aware that dressings to heels must be removed daily so that the heels can be checked for pressure damage.</li> </ul>