

TRUST BOARD PART I – NOVEMBER 2012

 Agenda Item Number: 204/12
 Enclosure Number: (16)

Subject:	Patient Safety Walkabout (October 2012 position)
Prepared by:	Lorna Wilkinson, Deputy Director of Nursing/Head of Patient Safety
Sponsored by: Presented by:	Julie Dawes, Director of Nursing Julie Dawes, Director of Nursing
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	Regular Reporting For Information / Awareness
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	The Board are asked to note the key findings of the visits to Womens and Childrens and CHAT.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	Nil decisions required.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	Ongoing reporting of safety walkabouts
Consideration of legal issues (including Equality Impact Assessment)?	Considered – None.
Consideration of Public and Patient Involvement and Communications Implications?	Considered – None.

Two patient safety walkabouts were undertaken in October 2012 within the Womens and Childrens Clinical Service Centre, and CHAT (Critical Care, Hospital Sterilisation and Disinfection Unit and Theatres) Clinical Service Centre.

The walkabouts highlighted the following:

1. Womens & Childrens

Areas Visited – Labour Ward and Outpatients

General observations

- The ward staff were welcoming
- Depending on which entrance is used there may or may not be a receptionist at the front desk. This issue is being resolved. In the meantime staff have put contingencies in place to ensure that security is optimised
- It was identified that the service has been very busy for a sustained period due an increase in births. There are plans in place to expand the capacity on B5, this will improve the environment and make full use of the reception area.
- Discussions took place as to how clutter could be best managed, this included the timing of deliveries into the unit
- The walk round team heard that there is a group looking at patient information within the maternity services and this was welcomed as one of the ladies in the outpatient area commented on the tone of correspondence being 'harsh.' The maternity patient information group will look into this.
- The outpatient area was bright and airy.
- All of the mothers spoken to described a positive experience and some talked about the good reputation that the Portsmouth maternity services have in the wider community.

2. CHAT

Hospital Sterilization and Disinfection Unit (HSDU)

The department cleans and disinfects instruments for theatres and critical care; this often involves complex theatre trays and kit

- The department was welcoming and uncluttered. The department is designed to reflect the pathway of instruments through the various stages of sterilisation and packaging.
- A good recruitment and retention record was reported which is impressive in this often challenging environment
- It was noted that the dept has recently had a very positive external accreditation visit
- It was noted that the HSDU manager is working with clinical managers in theatres to reduce the incidence of missing instruments as this is a cost and safety issue.
- Electronic tray tracking is currently being reviewed to see if a solution can be developed.

Intensive Care Unit

- The ITU was welcoming and uncluttered.
- Those on the walkround heard about how the unit applies a consistent focus on infection prevention and control issues with this vulnerable patient group.

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- There was evidence of changes in practice and learning following incidents e.g. changes to pumps used for inotrope drugs
- The ITU is paperless and is awaiting an upgrade of the IT system used. This will add further safety controls around the prescribing of medications
- ITU is potentially a high risk area in that it treats highly complex and acute patients using a broad range of high tech equipment and specialised medications. The unit however has a very good safety record and staff discussed how they achieve this through their constant vigilance on safety and the controls that they have in place to manage these risks.