**Datix Number ……**

NELFT NHS
NHS Foundation Trust

# 72 HOUR ROOT CAUSE ANALYSIS (RCA) REPORT FOR PRESSURE ULCERS

This report is to be completed in full and uploaded to Datix, electronically (in original word format) and the relevant Integrated Care Director/nominated deputy to be advised by email for review

| | | |
|---|---|---|
| Patient Name: | NHS Number | Locality patient lives in: |
| Name and designation of individual completing RCA | Service/team name: | Directorate Name |
| Date patient referred to service/team:<br><br>Reason for referral to service:<br><br>Date First Assessed: | Date pressure ulcer(s) identified:<br><br>*(Identify site as per page 2)*<br><br>Grade: | Date pressure ulcer(s) deteriorated to cause moderate harm:<br><br>*(Identify site as per page 2)* |

Where was the patient when pressure ulcer developed?

| | | | |
|---|---|---|---|
| Own Home ☐ | Residential Home ☐<br><br>Name: | Inpatient☐<br><br>Name & Ward: | Other ☐<br><br>Name: |

**Medical History**: *Acute/Long Term Conditions*

**Medications**

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| Was the patient known to the Local Authority | Yes ☐ No ☐ |
| Does the patient have formal carers? | Yes ☐ No ☐ If Yes, level of care package and name of agency: |
| Informal carers e.g. family? | Yes ☐ No ☐ If so, who _____ |
| Patient information leaflet given on assessing patient as being high risk | Yes ☐ No ☐ |
| What other prevention advice was given on assessing patient as being high risk: (provide type of advice given – i.e. verbal) | Patient ☐ Family ☐ Carers ☐ |
| Have the initial stage Duty of Candour requirements been actioned within 10 days of incident being reported and recorded in the patient record? | If Yes ☐ Date: _____<br><br>No ☐ If no, Reason _____ |
| Has a safeguarding been considered and referral been made to the Local Authority? | Yes ☐ date<br><br>No ☐ ☐ reason |
| Was the patient's capacity considered? | Yes ☐ No ☐ If Yes, explain: |
| Please identify concordance concerns and what was done to address these? | |

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| Communication barriers | If yes how being addressed: |

**Pressure Ulcer information ( please be specific and number each and every pressure ulcer)**

| Site (e.g. sacrum) | | Wound size please state | Ulcer grade 1 | 2 | 3 | 4 | Upload photo(s) moderate harm and label site (ie left heel) |
|---|---|---|---|---|---|---|---|
| 1. | | | ☐ | ☐ | ☐ | ☐ | |
| 2. | | | ☐ | ☐ | ☐ | ☐ | |

**Risk Assessment**

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| Date and score of 1st Waterlow score when patient was admitted onto the service/team caseload<br>Date:<br>Score | Date of most recent Waterlow score<br>Date:<br>Score: | |

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| How often was the Waterlow score carried out before the moderate harm occurred? | Daily ☐ every 72 hours ☐ weekly ☐ monthly ☐<br>3 monthly ☐ Not completed ☐ |
| **S - Skin Inspection:**<br>Was a skin inspection carried out on 1st assessment on admission? | Yes ☐ No ☐ If No: Why: |

**S- Surface (Equipment)**

Was Pressure-relieving equipment in place? Yes ☐ No ☐

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| If Yes, Which type: | Static ☐ Detail: _____<br>Non Static ☐ Detail: _____<br>Heel pads/boots ☐ Detail: _____<br>Off loading ☐ |
| Pressure relieving equipment being used? | Yes ☐ No ☐ If No: Why |
| Has there been a delay in obtaining equipment? | Yes ☐ No ☐<br>Please give reasons for delay if known:<br>How long was the delay? |
| What advice was given on the use of equipment: | |

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| Date equipment been reassessed? | Date |
| If no was pressure relieving equipment required at the time of the first assessment? | Yes ☐ No ☐<br><br>If yes identify why this was not put in place. |
| **K - Keep Moving (Mobility)** | |
| Level of mobility | Independent ☐ Assistance of : 1 person ☐ 2 people ☐ Bedbound ☐ Chair bound ☐ Both ☐ |
| If bed or chair bound | Approximate daily length of time in bed:<br><br>Approximate daily length of time in chair: |
| Were turning regimes, prevention strategies explained? | Yes ☐ No ☐ N/A ☐ |
| What evidence is there to support this? | |
| Patient's and/or carer's concordance with advice: | Yes ☐ No ☐ |
| If no, please evaluate the effectiveness of the communication and information given to patient | |
| Has the patient been subject to recent major surgery, i.e. on the operating table > 2hrs, in A&E on a trolley > 2hrs, had a fall and been on the floor >30 minutes or had a systemic infection requiring the use of antibiotics in the previous week? | Yes ☐ No ☐ |
| **I - Incontinence** | |
| Patient's continence status | Continent ☐ Catheter ☐<br><br>Incontinent of: urine ☐ faeces ☐ both ☐ |
| Evidence of Moisture damage | Yes ☐ No ☐ |
| Continence aids in use if applicable i.e skin product protection | |
| **N – Nutrition & Hydration** | |
| MUST assessment completed and documented? | Yes ☐ No ☐ Date:<br><br>If yes, MUST score |
| Advice given: | |
| Has a dietician referral been made? | Yes ☐ No ☐ Already known ☐ N/A ☐ |

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| **Care Planning**<br><br>Was a preventative care plan in place? | Yes ☐ No ☐ |
| Was an appropriate pressure ulcer care plan put in place when the pressure ulcer first identified? | Yes ☐ No ☐<br><br>If Yes, date _____<br><br>If No, Why:<br><br>Review Date: |
| Has tissue viability referral been made? | Yes ☐ Date……<br><br>No ☐ If No, why?_____ |

| **Chronology of events leading up to the incident** *Prompt: Start with date patient admitted to caseload* | |
|---|---|
| Date | Details |
| | |
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| *Prompt: End with date pressure ulcer discovered with action taken* | |
| In your professional opinion please explain the causes of the pressure ulcer. | |
| What was the impact on patient? | |
| Were there any immediate actions taken to prevent reoccurrence? **Lessons learnt** (*Key safety and practice issues identified which may not have directly contributed to this incident but are significant and will be useful learning for others.)* | |

| THIS SECTION IS FOR THE DIRECTOR OF NURSING OR INTEGRATED CARE DIRECTOR<br><br>TO COMPLETE ONLY | |
|---|---|
| **Does the pressure ulcer meet the SI threshold: Yes ☐ No ☐**<br><br>(Act or omission as part of NHS funded healthcare that results in unexpected or avoidable injury resulting in serious harm)<br><br>***Comments by Director to support decision:***<br><br>***Delete as required***<br><br>• ***Does not meet the SI threshold as no act or omission by the Trust led to the *serious harm. Evidence of completion of SSKIN in line with care planning is noted. The potential for learning is minimal and does not warrant the additional resources required for a comprehensive response.***<br><br>• ***Does not meet the SI threshold as there is no evidence of a *serious harm. The initial review shows that the pressure ulcer had no impact on the patient's lifestyle and they did not report any pain.(use for necrotic areas if evidence is there to support) The potential for learning is minimal and does not warrant the additional resources required for a comprehensive response.*** | |
| Signature: | |
| Designation: | Date: |

*Serious Harm: Severe harm that appears to have resulted in permanent harm.
Chronic pain – continuous, long term pain of more than 12 weeks)
Psychological harm, impairment to sensory, motor or intellectual function or impairment to normal working or personal life) *Serious Incident Framework*

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| **ADDITIONAL CASE INFORMATION:**<br><br>**SECTION BELOW TO BE REQUESTED BY THE SI ADMIN & COMPLETED BY CASE PRESENTER & UPLOADED TO DATIX WHEN INCIDENT PROGRESSES TO THE MULTI-INCIDENT PANEL REVIEW** | |
| DATIX ID: | |
| Short history so panel can understand the general living circumstances of the patient, include Care and family support | |
| **Most recent assessment of wound (at time of writing this report)** | |
| Date of assessment: | |
| Size of ulcer | |
| Appearance of wound bed | |
| Exudate type and level | |
| Signs of infection | |
| Current dressing in situ and frequency of dressings | |
| Has dressing regime changed? | |
| Condition of wound now (Has there been a deterioration of the ulcer during the episode of care? Has there been an improvement?) | |
| **Additional risks:** | |
| Agency | |
| Vacancies | |
| Sickness | |
| Maternity | |
| Additional Concerns (if additional risks noted what controls are in place. Any areas noted on the risk register?) | |