Agenda Item No.10a

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC) & ONWARD TO THE GOVERNORS' COUNCIL

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick Chief Nurse	Decision		High	Med	Low
	Discussion	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic				
	Operational	√			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)					

Meeting Date: September 26th 2017 & 3 October 2017

Report Title: Quality Exceptions for Integrated Performance Report September 2017

PURPOSE:

To update the Board/Governors' Council on exceptions for quality metrics presented in the Integrated Performance Report.

SUMMARY:

FALLS

- For the month of August 2017, we have a total of 60 validated falls which is 4.44 per 1000 bed days. The trust falls incident report has decreased from previous month with 73 falls report. (July 5.38/1000 bed days).
- This month's report meets the Trusts benchmark standard of 5 falls per 1000 bed days and below the national average of 6 falls per 1000 bed days. This Trust last saw falls per 1000 bed days at this rate in December 2016.
- The falls for August are within the following categories: 0 catastrophic, 1 Major, 2 moderate, 20 minor & 37 negligible falls in the Trust.
- In August the trust reported 5 HAPU's, 1 x grade 3 (Necton) and 4 x grade 2's (Gayton, Shouldham, Terrington and Tilney).

PRESSURE ULCERS

The grade 3 on Necton and the grade 2 on Terrington were deemed avoidable;

- Necton and MAU failed to assess the patient accurately, therefore appropriate equipment was not ordered. Both also failed to do a skin inspection on admission and there were gaps on the care rounds on 7 days during the patient admission.
- Terrington – incorrect Waterlow, therefore inappropriate equipment and failure to evidence regular repositioning.
- The remaining grade 2's were unavoidable and due to patient's medical condition or patient choice not to follow advice.

- Adhoc training continues on the wards requiring it and training is to commence for agency staff, which will mirror mandatory training, via the PDN's.

EMSA

- Mixed Sex Accommodation incidents there have been 4 incidents involving 8 patients

NURSING INDICATORS

The Nursing indicators reporting this month (page 15), includes:

- Work is being undertaken in all areas to ensure that full documentation is made of all actions taken after EWS have been triggered as there is variance between clinical areas
- Work is also being undertaken to RAG rate all the patient safety metrics for the next board report

STAFFING FILL RATES

The fill rates of actual shifts against planned including temporary staff are:

- For Registered Nurses/ Midwives Day 90.1% Night 97.1%
- For Care staff Day 94.9% Night102.8%
- The fill rates for registered nurses and midwives has increased slightly from the previous month

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√	√	√

RECOMMENDATION/S: