Agenda Item No. 10

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

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

Meeting Date: 30 May 2017
Report Title: Quality – Exception Report

PURPOSE:

To update the Board on exceptions for quality metrics presented in the Integrated Performance Report.

SUMMARY:

52 Falls this month with 1 catastrophic, all others were either minor, negligible or no harm.

Pressure damage remains static with 5 PU reported this month; 4 avoidable 1 unavoidable.

Performance with hospital acquired infections remains within target with two C. Difficile cases and Zero hospital attributed MRSA cases reported for April.

Safe staffing UNIFY report fill rates for Registered Nurses/ Midwives Day 87.4% % Night 97.5% %and Nursing Assistants (unregistered) Day 103.8% Night 103.1%

Friends and Family Test there were three areas scoring above 2% unlikely to recommend the service, these were AEC 2.99%, Terrington 3.09% and Tilney 2.63

National Patient Safety Alert Nasogastric tube misplacement actions in place to deliver safety-critical requirements for initial NG tube placement insertion and checking

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

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

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

RECOMMENDATIONS:

To note the report

QUALITY EXCEPTION REPORTING

DIRECTOR OF NURSING REPORT

1 WARD ASSURANCE

DASHBOARDS

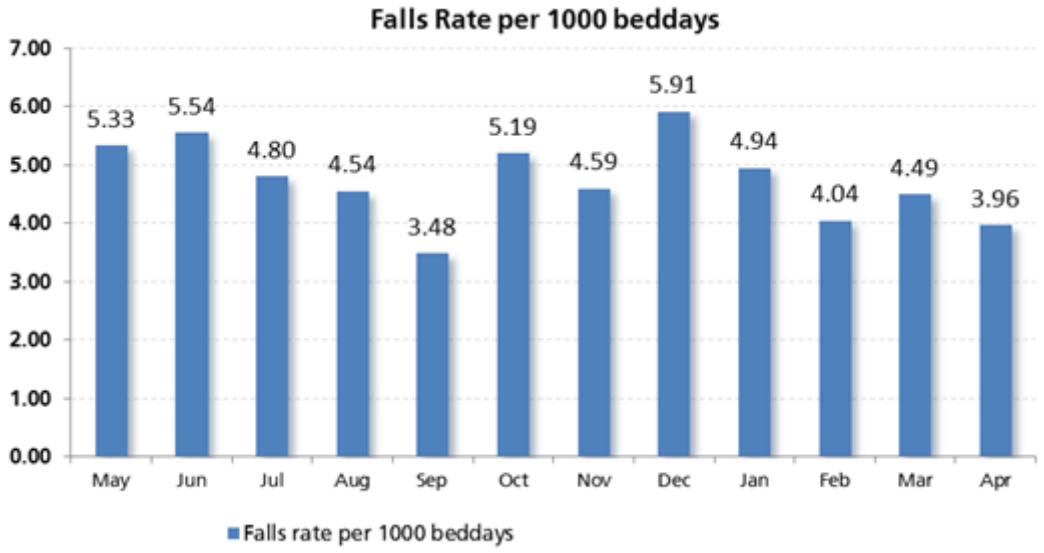
1.1 Adult In patient

1.1.1 Falls

The falls in April 2017 were 3.96 / 1000 bed days (February 4.49 / 1000 bed days). There were 52 validated falls in total (March 61). Regrettably there was 1 catastrophic fall that occurred on Oxborough ward, this is currently being investigated as a Serious Incident. There were no major or moderate falls, with 14 being reported as minor and 37 with either no harm or negligible harm.

There were 6 patients who fell on more than one occasion; 5 patients with 2 reported falls and 1 patient who had 3 reported falls.

Stanhoe ward had the highest number of falls again this month with Tilney, Denver, Shouldham, Elm and West Newton representing the top 6 areas for falls. The change in case mix on both Elm and Denver ward is related to an increase in medical outlying patients during this period and has contributed to the change in trend in ward location for falls this month. There continues to be no specific trends noted in the type of fall or location; the data shows a mixture of falls from standing, from chairs and in ward bays, side rooms or toilets with the vast majority of falls being un-witnessed.



Graph 1 To show Falls rate per 100 bed days 2016/17

Following the catastrophic fall the Director of Nursing and Medical Director have directed that patient moves after 10 pm must only be for clinically indicated reasons. All in patient moves that occur from 10pm – 7 am are now documented as part of the QEHKL Sitrep and reviewed by the Director of

Nursing or Deputy Director of Nursing on a daily basis with follow up on any moves that are identified as being not indicated.

During May the Director of Nursing, Deputy and Lead Nurse for Older People participated in a teleconference with the NHSI lead for Falls Collaborative work which provided some valuable direction for the team to focus on in the coming months; this includes strengthening Medical involvement in the falls prevention work, identifying 2 or 3 ward areas for thematic review and targeted action and reviewing resources available from the Institute of Healthcare Improvement to support this activity.

5 further Hi Lo beds are being trialled this month on Gayton, Oxborough and West Newton wards, and the Task and Finish group leading on the 'procurement of beds and mattresses oversight' has commenced.

The trust is participating in the national inpatient falls audit which is due to take place in May 2017.

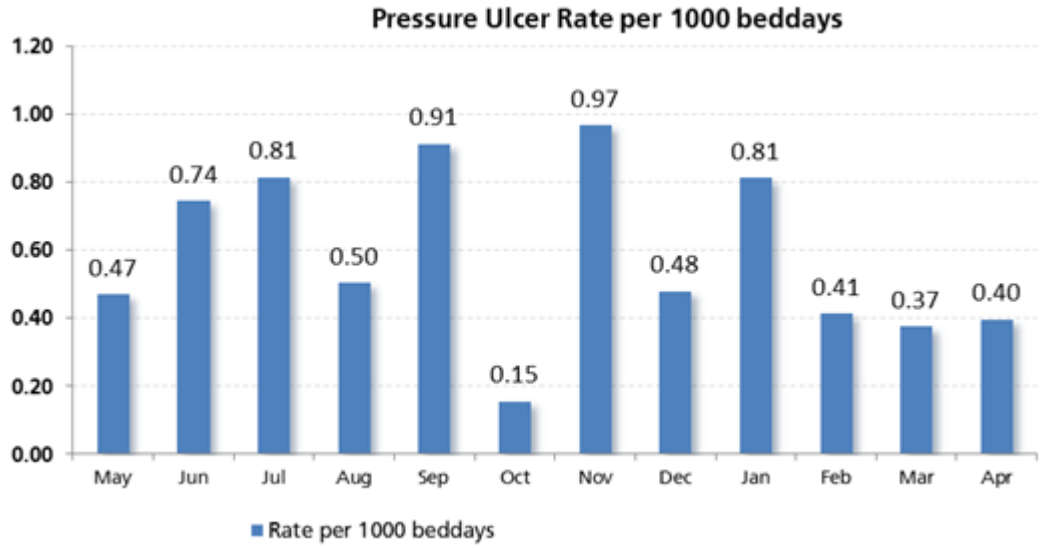
1.1.2 Pressure ulcers

There were 5 hospital acquired pressure ulcers in April 2017, with 0.41/ 1000 bed days (March 2017 0.39/1000 bed days) with 3 grade 3 pressure ulcers and 2 grade 2 pressure ulcers. Regrettably 4 or the 5 were seen as avoidable.

The unavoidable pressure ulcer was a shallow grade 3 in ITU on a patient's cheek underneath a Hollister ET tube holder. All elements of the ASKINS bundle were implemented to prevent pressure damage. However the patient's skin integrity/perfusion was so poor due to his condition, the tissue broke down. A plan was put in place to alternate between the tube holder and ET tube tapes, ensuring the airway was not compromised.

The 2 grade on Marham was due to lack of appropriate equipment provision. As a result of this, all patients having elective joint replacements will now be provided with a Nimbus 3 mattress and a cushion.

The grade 2 on Windsor and the grade 3 from Terrington were due to incorrect Waterlow assessment leading to lack of adequate equipment provision. The grade 3 from West Raynham was due to lack of evidence to support regular repositioning and lack of provision of a pressure relieving cushion.



Graph 1 To show Pressure Ulcer rate per 1000 beddays 2016/17

Actions in progress

All ward managers for the areas where avoidable pressure ulcers have developed are aware of the issues raised and action plans will be implemented. KPI audit and spot checks of the ASKINS bundle are completed by the TVNs on all wards as patients are seen. Where discrepancies in assessments are identified, the TVNs will challenge and educate staff at the time of finding. Where staffing allows within the TVN team, focused training is arranged on the wards where required to support and educate staff to improve practice and compliance.

The acuity in the Trust continues to impact on the number of referrals and complexity of the patients seen by the Tissue Viability team.

1.1.3 Infection control

C. Difficile

Two hospital attributed cases were reported in April 2017 - 1 on West Raynham and 1 on West Newton. Following investigation there have been no further cases on either ward and no contact cases have symptoms. The Infection Prevention and Control team have reinforced the need to use the 'alert sticker' for patients while the IT systems are updated to capture this alert electronically.

The Infection Prevention and Control team continue with enhanced oversight in these areas to ensure learning is embedded.

National Antibiotic Shortage

There continues to be a national shortage of some antibiotics. The current situation with Tazocin is that we have approximately 2400 vials in stock and following the implementation of control actions our usage has fallen significantly to approximately 220 vials per month. It is anticipated that the

contracts will be in place during quarter 3 but the supply will continue to be limited.

Co-amoxiclav is in limited supply, but we have a standing order which has been sufficient for our needs and this has been at contract price. Ciprofloxacin injection is now also in short supply but we can still buy it at contract prices. We have restricted use of the injection and have removed it from ward areas. We have 280 vials in stock; use is variable and is on the recommendation of microbiologists. Oral ciprofloxacin has high bioavailability and can usually be used instead of IV.

Gentamicin is in limited supply but is available at contract prices; we currently have sufficient in stock.

Temocillin is available in the Trust for use on microbiology advice only (It has not been used here before and is approximately £1000/course)

We are continuing to review our stocks of all injectable antibiotics weekly and will continue to order in accordance with anticipated use and availability. The DH have made available emergency stocks of co-amoxiclav and cefuroxime to hospitals which the QEHKL has accessed once.

Whilst we are monitoring and managing the use and availability of injectable antibiotics for our patients, there continues to be a significant cost pressure due to the necessary switch in use from Tazocin to higher cost antibiotics such as Co-amoxiclav. It is also important to note that this situation does pose some threat to our achievement of KPI relating to antimicrobial stewardship and also the increase of use of other agents has an increased risk for rates C. Difficile infection.

E- Coli bacteraemia

There were 4 cases of hospital acquired E Coli Bacteraemia and 14 Community acquired cases in March 2017

From April 2017 national data collection for E.Coli bacteraemia will commence. Currently we do not have a trajectory target set for E Coli, but there is a Quality Premium, with Clinical Commissioning Group (CCG's) for a 10% reduction across the whole health economy. The CCGs will be required to collect the primary care data for all E.Coli bacteraemias. This information will be used locally to identify opportunities to reduce the risk of E.Coli bacteraemias.

MRSA

The MRSA bacteraemia ceiling for 2017/18 is zero avoidable trust acquired cases. There has been 1 case of MRSA Blood Stream Infection (BSI) this month; however on investigation via Public Health England it was identified that this was not a hospital acquired case and will be attributed to either the community or 3rd. party.

Hand Hygiene

Trust wide compliance with hand hygiene is reported at 90% for April 2017. While this is a sustained improvement it sits below the target level of 95% compliance. The Top 3 performing wards are Windsor, West Newton and West Raynham (97%), with Tilney, Terrington and A&E performing at the lowest level of 87%.

2 NATIONAL REPORTING FOR SAFE STAFFING FOR MARCH 2017

2.1 The Trust reports safe staffing data to NHS Choices via the UNIFY platform each month, Appendix 1. This report incorporates the actual hours worked against planned rostered hours for nursing and midwifery staff, for day and night shifts, separating Registered Nurses and Nursing Assistants. This includes additional shifts that have been worked due to increased workload (activity, patient dependency and/or acuity) or 1:1 patient supervision (specialling). As the requirement for additional shifts is not static and fluctuates, these shifts are not planned in advance (i.e. when the rota is published), it is possible for a rota to have >100% fill (as seen particularly in the care worker fill). These figures include all staff both temporary and permanent staff.

2.2 UNIFY data for April 2017

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

- For Registered Nurses/ Midwives Day 87.4 % Night 97.5%
- For Nursing Assistants (unregistered) Day 103.8% Night 103.1%

While the overall fill rate for RN for Days was 87.4 % there were 14 areas out of 20 that had fill RN rates under 90% during this period. Senior nurses review the staffing 3 times a day, identifying areas of need and relocating staff depending on activity and patient acuity and mitigate to ensure patient safety. However the continued use of the escalation areas can be seen to impacting on the ability of the trust to secure fill rates above 90% in all areas.

From April 2017 wards with an overall fill rate of <90% or where the ward has been a concern to the Associate Chief Nurse the division have commenced reporting on an analysis of the gaps, impacts of these on quality outcomes and the actions in place to address these.

There continues a challenge to achieve fill rates for RN during week time day shifts and the DoN is working with the recruitment team, the staff bank and ID Medical the master vendor to improve this position.

2.3 Red flag events for in-patient areas

April is the first month that data has been retrieved and triangulated from the daily staffing and safety matrix. While this reporting is in its infancy it provides trend information relating to red flag events in inpatient areas and provides opportunity to review practice and to predict trends in the future. The April data analysis will be reported to the Quality Committee in June 2017.

3 FRIENDS AND FAMILY TEST UNLIKELY TO RECOMMEND THE SERVICE

3.1 In April there were three areas scoring above 2% "unlikely to recommend the service" - these were AEC 2.99%, Terrington 3.09% and Tilney 2.63%.

3.2 AEC had 5 patients that were unlikely or extremely unlikely to recommend – the were issues raised by 4 patients (the other patient provided no comment)

- Waiting time – for appointment and results (2 patients)
- Removal of FFT and spend more money on staff to reduce waiting times
- One patient experienced confused communication about a potentially life changing diagnosis resulting in the patient being booked into a clinic that was not staffed on the day of appointment.

3.3 Terrington had 6 patients either unlikely or extremely unlikely to recommend the care received

- Two patients left no comment and another lived in another area of the country and would not recommend for that reason
- One patient mentioned the behaviour both physical and verbal of other patients on the ward (also commenting that staff were outstanding in dealing with this behaviour). In relation to patients using verbal or physical abuse, the staff on the ward are aware of who to contact for support if required.
- A patient who mentioned poor staff attitude of some members of staff, commended others on their behaviour but that care in relation to drips and nebulisers was not good. The Ward Sister stated that during this time there was a shortage of senior nurses.
- A patient felt that they had been discharged too early and were too poorly to leave. Senior staff on the ward state that the patient would only have been discharged if medically fit.

3.4 Tilney returned 38 cards and one patient was unlikely to recommend but provided no comment.

4 NASOGASTRIC TUBE MISPLACEMENT: CONTINUING RISK OF DEATH AND SEVERE HARM (NHS/PSA/RE/2016/006)

4.1 Use of misplaced nasogastric and orogastric tubes has been repeatedly recognised as a patient safety issue by the National Patient Safety Agency (NPSA). This latest alert was directed at trust boards and the processes that support clinical governance and not directed at frontline staff.

4.2 The alert required the Trust to undertake an assessment of whether robust systems are in place to support staff to deliver safety-critical requirements for initial NG tube placement insertion and checks.

4.3 The Trust's policy 'The Insertion and Confirmation of Placement of NG feeding tubes in Adults' was reviewed against these safety-critical requirements. The policy was found to be mostly compliant safety-critical requirements; however 4 areas were identified as requiring revision.

I. *First Line Testing* - The Medical Director queried whether first line testing for all patients when NG tube initially inserted should be x-ray rather than pH testing of aspirate (latter is national best practice guidance, except in specific circumstances). It has now been agreed that X- ray will be the first line testing within the Trust.

II. *Training and competency arrangements* - The Associate Medical Director for Education is coordinating training and competencies required for medical staff who confirm tube presence on x-ray when pH testing was not conclusive.

III. *Training and Competency Database* - A database of nursing staff that have been trained and assessed as competent in NG tube insertion and position checking is in place. A database of medical staff has not yet been implemented but will be commenced once training / competency is in place.

IV. *Audit of compliance* - A baseline audit of compliance with safety-critical requirements has been undertaken and a schedule of audits is being arranged.

Emma Hardwick
Interim Director of Nursing
May 2017

APPENDIX 1 – SAFER STAFFING DATA (April 2017)

The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust

Apr-17

Please provide the URL to the page on your trust website where your staffing information is available

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
RCX70	Queen Elizabeth Hospital - Kings Lynn	West Newton	430-Geriatric Medicine		1506.00	1319.50	2107.50	2491.00	1035.00	1020.00	1380.00	1942.30	87.6%	118.2%	98.6%	140.7%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Necton	340-Thoracic Medicine		2259.00	1610.50	1506.00	1605.25	1035.00	1048.25	1035.00	1050.75	71.3%	106.6%	101.3%	101.5%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Windsor	430-Geriatric Medicine		1731.00	1581.00	1882.50	1837.00	1035.00	1034.50	1035.00	1147.08	91.3%	97.6%	100.0%	110.8%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Stanhoe	301-Gastroenterology	350-Infectious Diseases	1882.50	1674.00	1882.50	1776.50	1380.00	1365.00	1035.00	1051.45	88.9%	94.4%	98.9%	101.6%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Tilney	320-Cardiology		1506.00	1344.50	1129.50	1101.00	1035.00	1058.00	690.00	678.50	89.3%	97.5%	102.2%	98.3%
RCX70	Queen Elizabeth Hospital - Kings Lynn	West Raynham	400-Neurology		2107.50	1905.25	1731.00	1662.83	1380.00	1358.25	1035.00	985.00	90.4%	96.1%	98.4%	95.2%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Denver	100-General Surgery		1506.00	1390.50	1506.00	1465.50	1035.00	1011.50	690.00	811.47	92.3%	97.3%	97.7%	117.6%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Marham	100-General Surgery		1731.00	1402.50	1066.75	1003.50	1035.00	908.50	690.00	683.00	81.0%	94.1%	87.8%	99.0%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Elm	100-General Surgery		1129.50	963.00	978.00	967.50	690.00	677.75	690.00	708.20	85.3%	98.9%	98.2%	102.6%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Gayton	110-Trauma & Orthopaedics	100-General Surgery	1731.00	1557.30	1882.50	1921.50	1035.00	1035.00	1035.00	1111.00	90.0%	102.1%	100.0%	107.3%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Shouldham	315-Palliative Medicine	823-Haematology	1129.50	950.25	376.50	461.75	690.00	692.00	690.00	654.98	84.1%	122.6%	100.3%	94.9%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Critical Care	192-Critical Care Medicine		4077.00	3449.83	444.00	459.07	3737.50	3274.52		0.00	84.6%	103.4%	87.6%	
RCX70	Queen Elizabeth Hospital - Kings Lynn	Central Delivery suite	501-Obstetrics		2160.00	1921.92	720.00	701.50	2160.00	2046.50	720.00	643.50	89.0%	97.4%	94.7%	89.4%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Surgical Assessment Unit	100-General Surgery		1125.00	930.00	375.00	424.00	1125.00	1046.00	375.00	399.00	82.7%	113.1%	93.0%	106.4%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Medical Assessment Unit	300-General Medicine		2212.50	1793.00	795.00	976.25	1500.00	1675.50	600.00	664.00	81.0%	122.8%	111.7%	110.7%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Terrington	300-General Medicine		1882.50	1588.50	978.00	1827.25	1380.00	1403.00	1035.00	936.50	84.4%	186.8%	101.7%	90.5%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Castleacre	501-Obstetrics		1080.00	1026.33	720.00	624.50	720.00	709.50	720.00	658.00	95.0%	86.7%	98.5%	91.4%
RCX70	Queen Elizabeth Hospital - Kings Lynn	NICU	420-Paediatrics		1590.00	1642.42	750.00	528.42	1125.00	1150.67	375.00	351.00	103.3%	70.5%	102.3%	93.6%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Rudham	420-Paediatrics		2280.00	2046.25	870.00	646.25	1080.00	1092.00	360.00	348.00	89.7%	74.3%	101.1%	96.7%
RCX70	Queen Elizabeth Hospital - Kings Lynn	ED Obs Ward	Obs Ward		367.50	310.00			322.50	322.50			84.4%		100.0%	
RCX70	Queen Elizabeth Hospital - Kings Lynn	Emergency Department **ALL**	180-Accident & Emergency	**For info only**	3630.00	3559.32	1740.00	1741.55	2940.00	2895.75	727.50	1021.75	98.1%	100.1%	98.5%	140.4%
RCX70	Queen Elizabeth Hospital - Kings Lynn	Oxborough	300-General Medicine		1506.00	1482.45	1506.00	1633.00	1035.00	1003.00	1035.00	945.00	98.4%	108.4%	96.9%	91.3%
RCX70	Queen Elizabeth Hospital - Kings Lynn															
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		Total			40129.50	35448.32	24946.75	25855.12	28510.00	27827.68	15952.50	16790.48	88.3%	103.6%	97.6%	105.3%