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

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Catherine Morgan Director of Nursing	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: 26th July 2016
Report Title: Quality – Exception Report

PURPOSE:

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

SUMMARY:

Adult In patient services

- 2 cases of C Difficile reported in June
- The number of pressure ulcers reported in June is 9
- The number of falls is slightly reduced at 64 with a corresponding slight reduction in falls per 1000 bed days at 5.11.

Maternity services

- Caesarean section rate 27.3% in June
- Number of births in the MLU is stable at 15.3%; lower number of normal deliveries at 52% (increase in induction rate in June; 20%)
- Rate for 3rd/4th degree perineal tears remains well below the ceiling at 1.3%
- There were no closures of the CDS during June

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

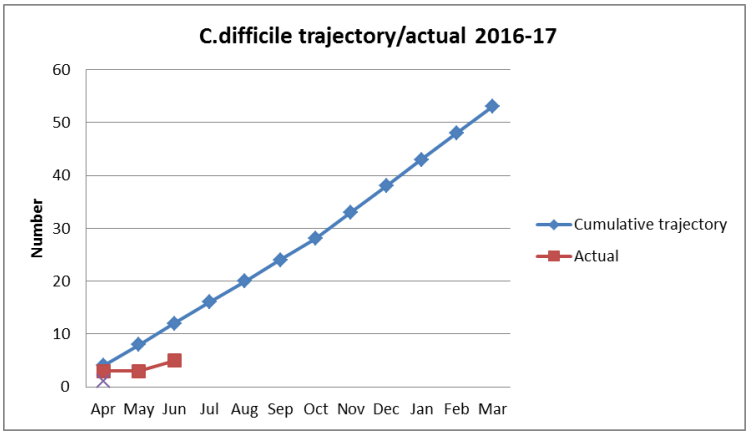
1 WARD ASSURANCE

DASHBOARDS

1.1 Adult In patient

Infection control

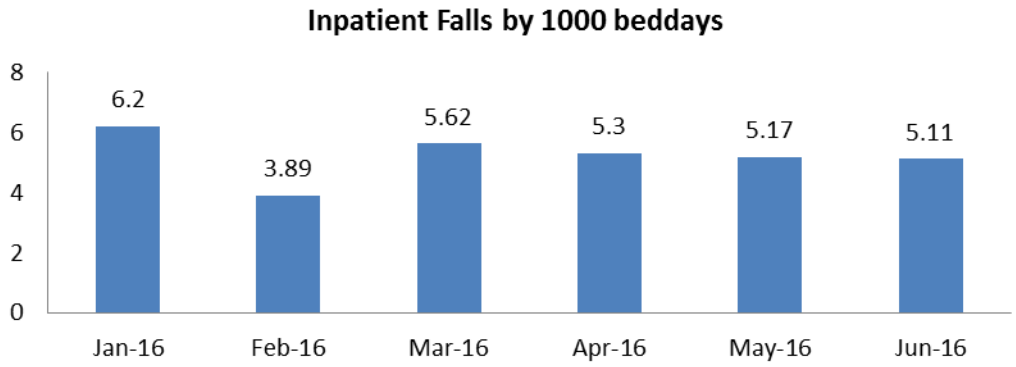
There were 2 cases of C Difficile reported during June. One case has been reported in July to date.



In patient falls

The number of falls has reduced to 64 (from 69 in May). Falls per 1000 bed days continues to gradually reduce at 5.11.

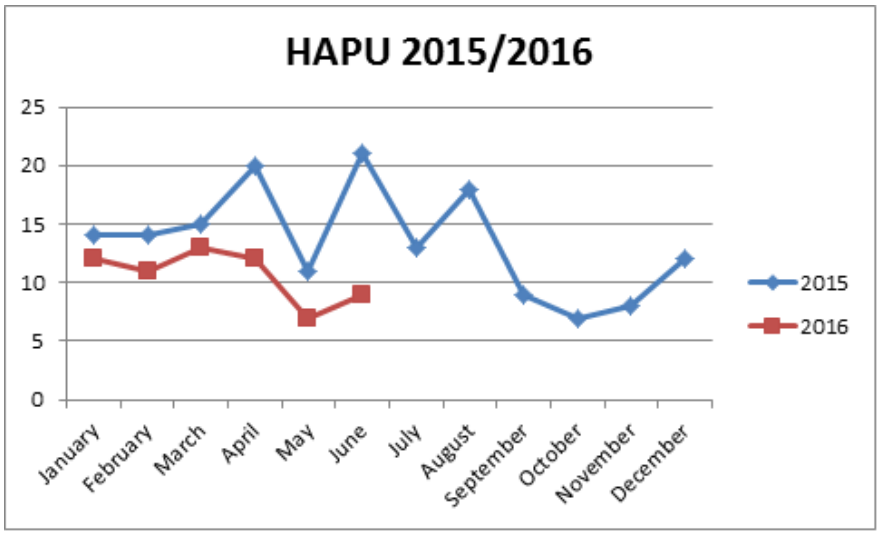
Stanhoe ward in particular has had a higher number of falls having previously shown significant improvement (all falls were low or no harm). The ward had a number of patients with challenging behaviour related to their medical condition in May and June (one patient repeated put themselves on the floor). They continue to work with the falls coordinator to devise approaches to reduce this and an enhanced level of unregistered support staff have been agreed for times when the trend for falls is higher.



Pressure ulcers

There were 9 hospital acquired pressure ulcers reported in June which remains lower than the months at the beginning of the year and an overall improvement.

The graph below shows the hospital acquired pressure ulcers for this year compared to last year.



Fluid balance charts

There has been poor compliance with accurate completion of fluid balance charts (April 71%, May 75%, June 81%, July 80%).

Interventions are now beginning to show that there is overall improvement but this needs to be consistent and across all wards. The latest data for July shows some improvement overall (81% in June and 80% in July) and that some wards have made significant improvement achieving 100% compliance (Windsor, MAU, Elm, Denver, Stanhoe wards achieved 100% in July).

There is still significant variance across wards; the issues remain as failure to correctly calculate totals, and lack of running totals being completed. The Director of Nursing has mandated that fluid charts should be part of clinical handover as where this is the case wards achieve safe compliance.

There is also a plan to launch the revised and updated fluid chart alongside the new medicines chart for 1st August (note provisional launch date dependant of medicines chart).

1.2 Women's and Children's

Maternity

- The C section rate is up at 27.3% in June; driven by a rise in the elective C section rate
- Number of babies born in MLU remains the same as May at 15.3%; however there was a higher induction rate meaning an increase in the number of deliveries that would be required to take place on the central delivery suite (CDS)
- The reduction in the rate of 3rd and 4th degree perineal tears has been sustained with a lower rate of 1.3% reported during June
- There were no closures of the CDS during June

- There was a rise in PPH's < 2000ml's; the quality and safety midwife is currently reviewing these cases for any learning/trends.

Paediatric dashboards not available at time of writing report; any exceptions will be raised and discussed as appropriate.

Catherine Morgan
Director of Nursing
18th July 2016