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

Meeting Date: 31 January 2017

Report Title: Quality exception report

PURPOSE:

To provide an update to the Trust Board on exceptions for quality metrics presented in the Integrated Performance report.
To assure the Trust Board on actions in place to improve performance where it fell short of the target values as well as areas of improvement and noticeable good performance

SUMMARY:

Quality Metrics
An update is provided on key quality metrics for December including current position for infection prevention and control:
No cases of hospital acquired C Difficile
68.57% Frontline staff received flu vaccination
2 hospital acquired pressure ulcers (avoidable) 3 (unavoidable)
Rise in inpatient falls 5.83/ 1000 bed days, 3 with major harm

Winter escalation beds
Additional flex in bed capacity on Oxborough ward from 14 – 32 beds

Nursing Metrics and ward communication initiatives
Nursing Assessment and Accreditation framework

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

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

RECOMMENDATION/S:

The Board is asked to note the report

1.0 INTRODUCTION

1.1 The following report provides an update to the trust board on exceptions for the quality metrics presented in the performance report.

1.2 It also provides assurance to the Trust board on actions in place to improve performance where it fell short of the target values as well as areas of improvement and noticeable good performance.

2.0 INFECTION PREVENTION AND CONTROL

2.1 Current position

No cases of hospital acquired C.Difficile were reported during December 2016.

At the end of December the Trust had reported a total of 16 cases against an external trajectory of no more than 53 cases.

2.1.1 Recommended Action

To continue with vigilance to identify symptoms of C Difficile and early identification and prompt actions.

Note: at the time of writing the report 2 cases of Difficile have been identified on West Newton ward.

2.2 Norovirus

To the end of December and early January 2017 has shown good control in terms of managing incoming cases of D&V and minimising transmission on inpatient wards.

There have been no ward closures in December 2016.

2.2.1 Recommended action

To continue with vigilance to identify symptoms of norovirus and early identification and prompt actions.

Note: at the time of writing the report there has been 1 ward closure 'event' during January 2017. There has been a need to have bay closures as part of Trust infection prevention controls in operation.

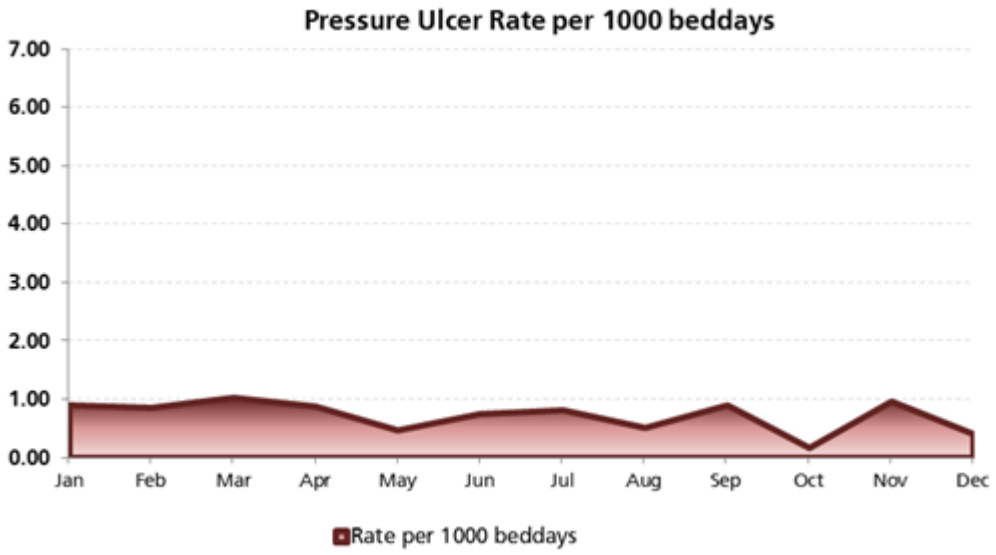
2.3 Flu update

The number of front-line patient facing staff who have received the flu vaccine totalled 68.57 %. This information was uploaded onto the Imms Form early January 2017. This is the Department of Health's vaccination tracking database which is in the public domain and is carried out by Trust's nationally every year.

In addition this year we had a CQUIN which had specific criteria for collecting data, for example excluding temporary staff many of whom had not worked on site during the campaign. The figure for the CQUIN was 82.37% of front-line staff. This level of coverage has been a significant result for the organisation.

3.0 PRESSURE ULCERS

3.1 Pressure Ulcers in December 2016 reduced from the November rate of 12 (9 avoidable and 3 unavoidable) to a rate of 5 in December 2016. In December, 2 were avoidable and 3 were unavoidable. This gives a rate of 0.40 pressure ulcers per 1000 bed days, down from a rate of 0.97 in November as shown in the graph below.



3.2 <u>The following actions will be taken to address Avoidable pressure ulcers:</u>

All pressure ulcers are assessed using the ASKINS checklist. ASKINS relates to the following:

- A – Assessment
- S – Skin integrity check
- K – Keep moving (to ensure frequent position change of the patient)
- I – incontinence assessed
- N – Nutritional needs are assessed
- S – Surface (to ensure that the patient is on the correct mattress)

As a result of completing the ASKINS checklist, if the incident is deemed avoidable, there will be an explanation as to why it is avoidable on the checklist. The checklist will be sent to the ward manager and matron of the ward/department to make them aware of the issue and enable them to rectify this at ward level. Extra, bespoke training will be provided for the ward/department as appropriate.

3.3 The pressure ulcer action which is reported quarterly to CQRM indicates that the main themes of avoidable incidents are:

- Inaccurate Waterlow risk assessment, which generally means a Nimbus 3, has not been ordered as appropriate.
- Incomplete care rounds, therefore unable to evidence regular repositioning.

The focus for training will be on these areas.

3.4 Areas of good practice were also identified and these have been feedback to the teams involved to reinforce the effectiveness of this care.

4.0 FALLS

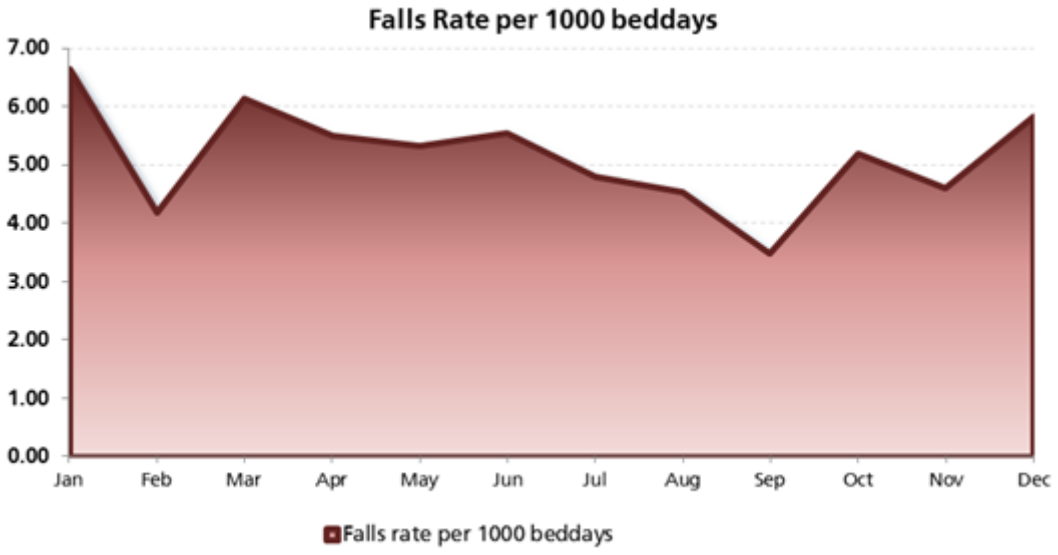
4.1 Concern remains with regards to the increase incidence of falls, which has risen to a rate of 5.83 falls per 1000 bed days up from 4.59 in November (see graph below). In conjunction with this has been the increase of falls with harm.

4.2 I am sorry to report that there were 3 falls during the month that resulted in major harm to these patients, with 1 incident occurring on each of the following wards MAU, Terrington ward and Elm ward.

4.3 1 patient was identified as being assisted to the floor preventing them from falling, it is felt that the data regarding controlled descents is not accurate and some controlled descents are incorrectly recorded as falls.

4.4 The Deputy Director of Nursing has met with the falls co-ordinator and the Deputy Associate Chief Nurse – Medicine and a plan developed to raise awareness of this deterioration of practice and to identify actions to prevent this harm from occurring in all areas in the organisation.

4.5 A formal meeting has been arranged for the 26th January 2017 to present the themes from the recent falls with harm and the actions to be taken to reverse this trend. This meeting will be opened by the Chief Executive and the Director of Nursing to a group of senior nurses, so reiterate the gravity of the meeting the importance of improvement and the harms to date. This meeting will the launch of a campaign to reduce falls.



4.6 In 2015 there were 11 moderate and 12 major falls with harm and in 2016 there were 8 moderate, 16 major and 2 catastrophic falls with harm.

4.7 A trajectory has been developed for 2017 to indicate the extent to which falls must be reduced. The aim is to have less than 8 major and less than 4 moderate falls in 2017. This has been agreed with the Fall Co-ordinator. Currently there is no guidance on a national reduction trajectory, therefore the Trust has developed its own trajectory after reviewing the numbers of falls with harm in 2016.

4.8 The Deputy Chief Nurse of England has just announced a Patients Falls Improvement Collaborative and the Trust will use the resources from this group to support falls reduction.

5.0 ESCALATION BEDS

5.1 Oxborough ward was opened as a 14 bedded ward in November 2016 with an understanding that escalation beds may be required to support the need for increased capacity.

5.2 The Board is asked to note that since November additional contingency beds have been required to respond to capacity demands, with the contingency increased to 32 beds on almost a continual basis. In conjunction with these, 12 beds on Leverington were opened on 2 occasions on when excessive capacity was required.

5.3 Although we do not have established substantive staff to plan a rota for contingency beds above 14 and this extra capacity is opened with a mixture bank of agency staff. This position will be closely monitored to maintain safety.

6.0 REVIEW OF NURSING INDICATORS

6.1 A review is being undertaken of the nursing indicators currently reported to the Board. This is to ensure that the most appropriate indictors are reported to give the Board assurance that standards are being met. As part of this review, the Trust is comparing its nursing indicators with other Acute Trusts to assess if the indicators used are still fit for purpose and revising these where appropriate.

6.2 It is also recognised that measuring the quality of care delivered by individuals and teams can be difficult and the use of a Nursing Assessment and Accreditation framework (NASS) has been a successful vehicle for assessing ward care in a number of high performing organisations. It uses a systematic approach to assessment and supports the embedding of practice. The senior nursing team will be will be incorporating this approach to enhance safety and quality standards, accountability and leadership.

7.0 COMMUNICATION AND CONSISTENCY OF WARD ORGANISATION

7.1 A small group of senior nurses from the Trust will be visiting Guy's and St Thomas' in February to observe the work of the Nightingale project, with the aim of implementing a similar process in our Trust. The Nightingale Project is an initiative led by ward sisters and matrons at Guys and St Thomas' in partnership with members of the multi-disciplinary team. It aims to improve further the consistency of care provided by different clinicians caring for their patients. It aims to support nurses in ensuring that clinical teams work together in better ways to provide consistency in the key factors affecting patients' and staff experience. The initiative starts with a focus on arrangements in the **first hour**, **mid-shift** and **last hour** of the shift. Through this work they aspire to improve patient safety and quality and improve patient experience and staff experience.

Emma Hardwick
Interim Director of Nursing
25 January 2017