NHS
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 Chief Nurse	Decision		High	Med	Low
	Discussion	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Valerie Newton Deputy Chief Nurse	Strategic				
	Operational	√			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Debbie Frost Recruitment & Retention Sister					
CQC Domain: (safe, caring, effective, responsive, well-led)					

Meeting Date: 27 March 2018

Report Title: Quality Exception Report

PURPOSE:

To update the Trust Board on exceptions for quality metrics presented in the Integrated Performance report for February 2018.

SUMMARY:

- To update the Trust Board on current IPC issues
- Advise the board on the increased number of falls reported this month
- To Provide an update of the actions taken trust wide to improve the Family and Friends response rate
- To update the Trust Board following a CCG visit to Leverington ward in March 2018

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

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

RECOMMENDATION/S:

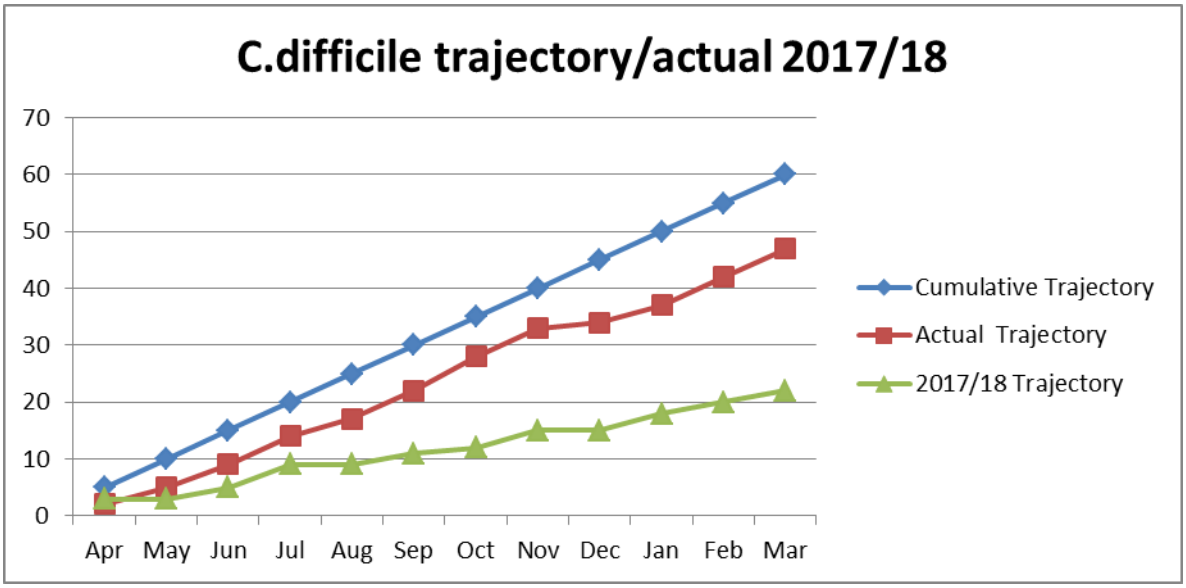
The Trust Board is requested to accept and note this report.

QUALITY EXCEPTION REPORT

1. INFECTION CONROL

1.1 C diff

The Trust has reported 47 HA C. difficile cases this year this is against a trajectory of 53 cases and has successfully appealed 8 cases as no lapses in care were found.



We have recently seen an increase of the numbers of hospital-acquired C.diff cases, with several re-admissions of known toxin positive case.

The Trust has reported a confirmed outbreak status on the West Raynham ward, Elm Ward and Windsor Ward.

This due to:

West Raynham ward having 2 cases linked by ribotyping that were inpatients during February. There have been 5 cases that can be linked to Elm Ward within a six week period during January and February. There have been four HAI cases on Windsor Ward over the course of eight consecutive days during March - currently 2 of these cases can be linked to Elm & West Raynham, as other ribotying is not yet available. While the situation on Windsor ward is classified as a Period of increased incidence it is being managed as part of the outbreak situation.

There has been one HAI reported on Oxborough Ward (known previous toxin +ve) and a CAI on Denver Ward.

<u>Summary of Current Actions in place</u>

- All patients have been transferred to Stanhoe Isolation Unit with the exception of one case who remains in a side room on Windsor Ward.
- Operational pressures have prevented a full ward decant to allow deep cleaning and the HPV process to take place, however a potential plan is being discussed to decant and deep clean all the areas listed above as well as the access areas (e.g MAU, Terrington and A&E). In the interim a bay by bay decant has occurred and a deep-clean has been commenced on Elm ward and SAU.
- Enhanced cleaning has been put in place on all wards and 24 hour cleaning is in place in ED.

- Sporicidal wipes and Tristel Fuse are in place across the Trust.
- Supportive measures are in place on all affected wards with additional IP&C advice and support available, along with an increased presence of the IP&C Team.
- Environmental audits are being conducted weekly instead of monthly.

1.3 **Influenza**

During January the Trust saw an increase in numbers of confirmed Influenza in line with the overall National picture.

304 patients have tested positive for Influenza (A and B) to date since 2nd January.
Our current position is vastly improved. Whilst we continue to test a small number of patients, we have seen a significant reduction in positive cases. At the time of writing this report, we currently have 0 confirmed cases in the Trust (0 in the last 24hrs) with 10 outstanding results yet to be received from the lab.

2. FALLS

2.1 There are 80 validated falls reported in February 2018 which is 6.14 per 1000 bed days. This is an increased number of falls compared to previous months and above the national average rate of 6 per 1000 bed days.

This month's fall consequences are as follows: (1) Catastrophic, (1) Major, (1) Moderate, (27) Minor and (50) Negligible.

- Catastrophic (Leverington Escalation), where the patient sustained brain injury and died.
- Major (Elm SAU), where the patient sustained fractured Neck of Femur.
- Moderate (Windsor

2.2 **National Audit of Inpatient Falls 2017 - RCP audit results**

The Royal College of Physicians' (RCP) National Audit for Inpatient Falls (NAIF) has released its second report on how well hospital trusts and health boards in England and Wales are working to prevent patients falling whilst in hospital. Trust level data from this audit is currently being analysed by the Fall Prevention Group who will present the findings to the Clinical Governance Committee.

2.3.1 **On-going and Recommended Actions:**

An investigation into the catastrophic fall on Leverington is being been conducted as a serious incident, whilst awaiting the investigation report, the nursing team has increased the numbers of staff and skill mix of the staff in this area to be in line with other acute medical wards in the Trust.

3. FAMILY AND FRIENDS

Over the past few months the Trust has seen a decrease in the family and friends results. This has been raised by the Chief Nurse, with the senior nurses, matrons and ward sisters, with regard to the importance of receiving feedback from the wards

The following actions have been put in place in an effort to increase the response rate. The Patient Experience Team are showing a presence on all the wards and areas across the hospital daily, collecting the cards and delivering new cards. Monthly posters are produced and displayed on each ward area, A&E and Day Care areas.

Weekly emails are sent to senior nursing staff to say how each group (inpatients, A&E, maternity and outpatients) have performed the previous week and each ward receives a personalised email to say how they performed last week and how they are faring this week.

Different approaches are tried across the hospital to make it as easy as possible for patients to provide feedback including the use of volunteers, and the new televisions across the Trust are being used to detail the latest likelihood to recommend scores, number of responses and trust wide comments to prompt both staff and patients / visitors to provide feedback.

4. LEVERINGTON

A visit to Leverington Ward ; Trust escalation area was conducted by CCG collegues on 2nd March 2018. The Trust has received feedback from the CCG with some concerns raised about the consistency of staff due to high numbers of agency nurses and the impact of moving staff from other areas. Following a review by the Chief Nurse this area has been staffing has been reviewed and following risk assessments in each areas a further 10 RN have been allocated from other clinical areas to this area for an anticipated 6 week period.. A copy of the action plan from this visit is attached as appendix 1.

Emma Hardwick
Chief Nurse

20 March 2018