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: 27th September 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

- There were 0 cases of C Difficile reported during August
- There were 6 hospital acquired pressure ulcers reported in August
- There was a reduction in falls per 1000 bed days to 4.62

Maternity services

- The C section rate has risen to 27.7% in August which is driven by a rise in the emergency section rate (16.9%)
- The % of women who delivered on the MLU has remained above target at 15% for year 1

Workforce

- The reported registered nurse and midwifery vacancy rate has risen to 12.43%; however realignment of the skill mix in some wards means this is over reported
- 44 registered nurses have been recruited but have not yet commenced in post which reduces the actual vacancy rate < 10%
- The turnover rate is stable at 1% (target <1%)
- A diverse range of recruitment initiatives continue

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

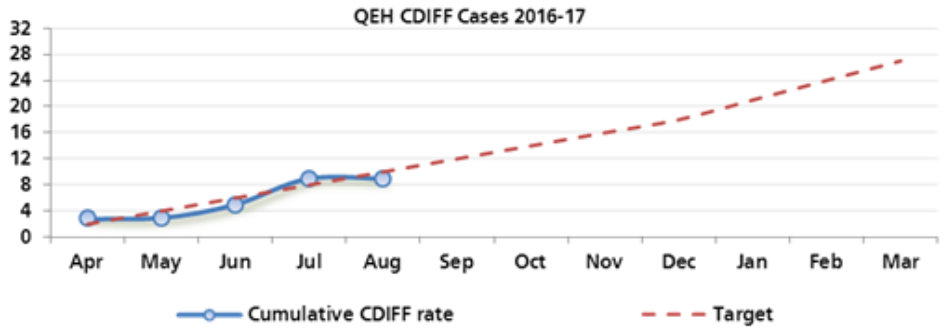
1.1 Adult In patient

Infection control

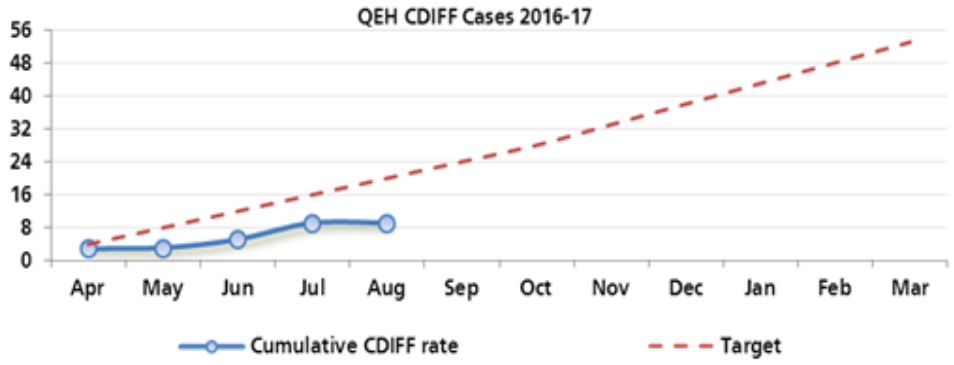
There were 0 cases of C Difficile reported during August. There has been one case reported in September at the time of writing this report.

The graphs below show performance against the internal (stretch) trajectory and the external trajectory.

Graph 1- Cases of C Difficile 2016/17 against internal trajectory 27 cases



Graph 2 - Cases of C Difficile 2016/17 against external trajectory 53 cases

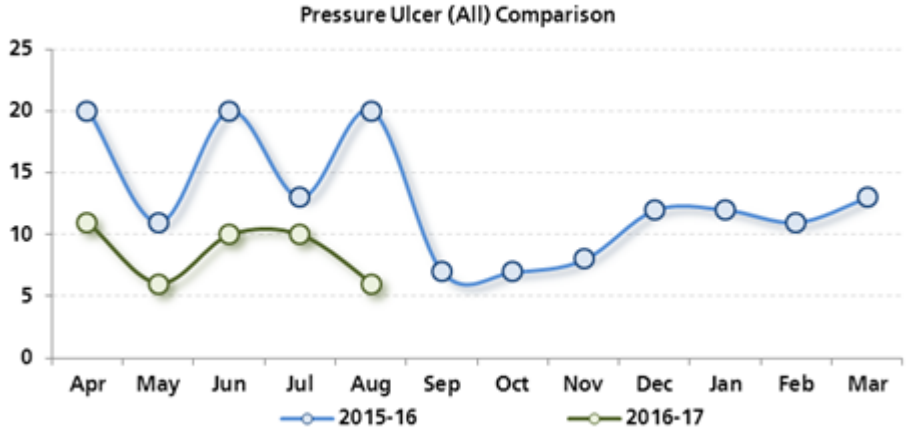


There is a continued focus on improving compliance with hand hygiene and weekly audits now capture detailed information relating to professional group of non complaint staff and names to enable escalation if required.

The plan for winter flu vaccinations was presented and discussed at the infection prevention and control committee and will include increasing staff accessibility to the vaccine; for example by doing flu vaccination rounds at night.

Pressure Ulcers

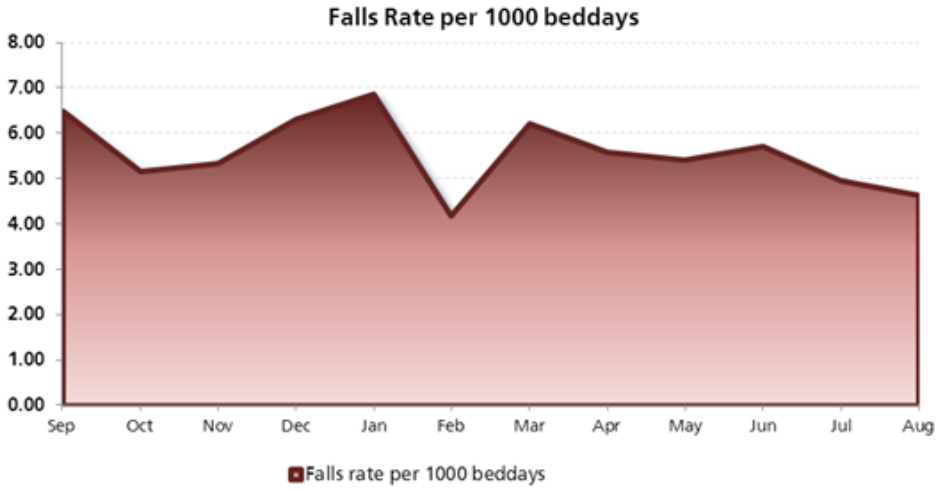
The improvements made in pressure ulcer prevention have been sustained. The next plan is to appoint a senior nurse role for harm free care bringing together initiatives to reduce falls, pressure ulcers, and catheter associated urinary tract infections.



In patient falls

There was a reduction in falls per 1000 bed days to 4.62 in August. On-going improvement work includes:

- A number of falls monitors (pressure alarms) were purchased earlier in the year and have proved effective; therefore, additional monitors have been ordered and are available from this month
- The Enhanced care policy has been reviewed in line with recently published best practice guidance and will be launched in October
- The falls coordinator role has significantly improved education and training of staff in the clinical area and management of high risk patients. This post was initially being tested for 6 months and has been extended to the end of the financial year



Medicines management

The number of reported incidents related to medicines management has remained the same as last month and initial improvements made have now plateaued.

There are a number of initiatives/actions in progress and planned to raise the profile of medicines safety and drive further improvements. These include:

- Senior nurses from the wards have discussed ways of improving patient and staff experience of medication rounds in the morning. Initiatives will be fed back to the Deputy Director of Nursing to pilot/roll out
- Ways of reducing time spent on preparation of IV medications is being reviewed. An audit tool is being developed which will capture, time taken, equipment and staff resource, risk issues (e.g. interruptions) and access to appropriate clinical preparation areas. Improvements would release nurse time to care, reduce delays in administration of IV's for patients and errors related to interruptions/distractions.
- The Trust participated in a pilot of activity follows and contact hours monitoring for nurses in March 2016. This data was part of some development work for the model hospital (Lord Carter) and some benchmark output metrics have been shared with us; the data shows that time spent on medications is high when compared to other Trusts. Activity follows on a number of wards using productive ward methodology will be undertaken to establish any potential opportunities for improvements.
- The number of missed doses reported remains static, incorporating handover of medicines into clinical handover is being tested to reduce omissions and lack of documentation on medication charts.
- The medicines management committee are reviewing the policies regarding the 2 person checking system for some medications and reviewing practice at other Trusts

1.2 Women's and Children's

- The Caesarean section rate has risen to 27.7% in August which is driven by a rise in the emergency section rate (16.9%)
- The % of women who delivered on the MLU has remained above the target of 15% for year 1 at 15.9% for August

The newly appointed Divisional Director and Head of Midwifery has commenced in post and is reviewing the current quality metrics and trends. She will be particularly focusing on driving use of the low risk pathway for expectant mothers to improve use of the MLU and reduced the C Section rate.

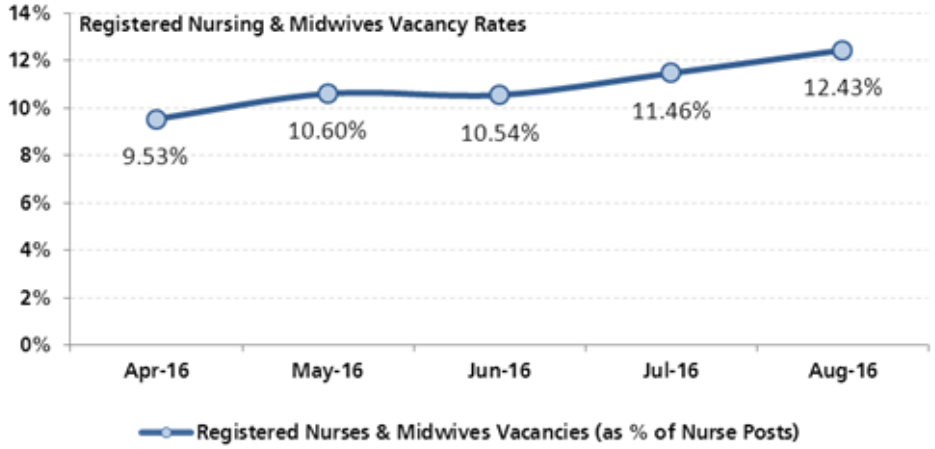
2 WORKFORCE

2.1 Workforce metrics

- The vacancy rate is reported at 12.43% for registered nurses and midwives which has increased month on month since April. However, following the skill mix review presented in July a number of wards have realigned their establishments in terms of roles and banding; for example creation of band 4

roles. The vacancy rate is still reported against the funded establishment on the financial ledger and therefore the revisions made to the skill mix are not yet reflected in this reporting. The Director of Nursing is working with the information team to enable reporting at Trust level against the adjusted establishments. There is absolute clarity at ward, divisional and senior nurse level regarding establishment vacancies.

- 44 registered nurses and midwives have been recruited but have not yet commenced in post, coupled with the adjusted skill mix this reduces the actual vacancy rate < 10%
- Turnover remains below 1% for registered nurses and midwives (target < 1% per month) appendix 1
- Overall fill rates for August remain similar to previous months at 94% (appendix 2).



2.2 Recruitment

International recruitment

- The cohort of 6 overseas nurses who commenced induction in June will obtain registration in October if all tests are successfully completed
- A cohort of 12 overseas nurses joined the Trust on 11th August and would expect to register during November/December
- A further cohort of 9 overseas nurses will commence in the Trust on 30th September
- Current pass rates are approximately 80% on first sitting.

Local recruitment

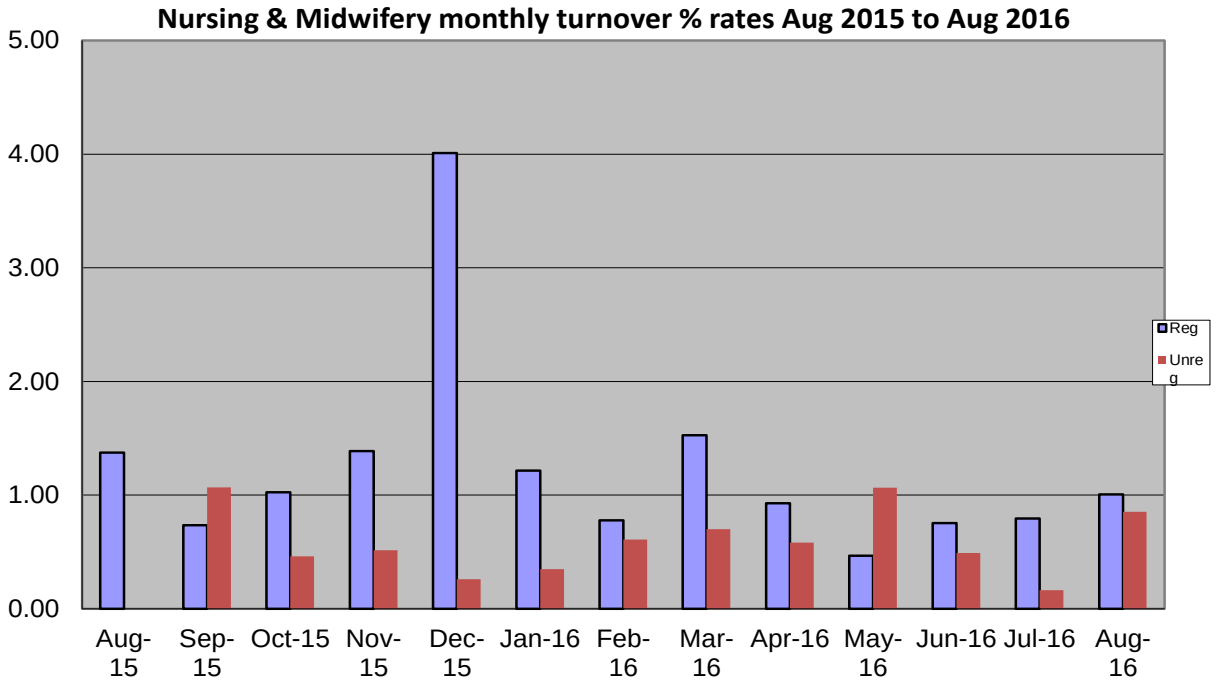
- 9 newly qualified nurses commence in post in October 2016, many of these nurses will join the newly established rotation programme
- 8 midwives will commence in post in October
- A local recruitment event was held on September 14th for nurses, midwives, and AHPs

Grow our own pipeline

- 4 unregistered nurses have made successful applications to the work based learning (WBL) flexible nursing programme and will commence their training sponsored by the Trust in January 2017
- Evaluation of the aspiring nurse apprenticeship scheme has taken place and adjustments made to the programme based on feedback have been implemented. The Trust has agreed to support 2 intakes of 10 nurse apprentices per year
- The band 4 foundation degree programme continues with 2 intakes per year and the practice development team are working with potential applicants to maintain approximately 6-10 places per intake
- The Director of Nursing has initiated discussions with the HEIs regarding potential provision of a WBL programme for registered adult nurses to gain registered children's nurse qualification
- The Norfolk and Suffolk workforce partnership group (chaired by the Director of Nursing) have developed a work plan to increase employability for the non-medical workforce across the local system

Catherine Morgan
Director of Nursing
20th September 2016

Appendix 1


Nursing & Midwifery monthly turnover % rates Aug 2015 to Aug 2016
5.00
4.00
3.00
2.00
1.00
0.00
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Reg
Unreg

Appendix 2

		Day		Night					
Ward name	Main 2 Specialties on each ward Specialty 1	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Registered midwives/ nurses	Care Staff	Overall	Comment
West Newton	GERIATRIC MEDICINE	79.8%	122.8%	101.1%	148.9%	3.0	4.1	7.1	Realigment of skill mix, reduced to 5RN on day shift
Oxborough	RESPIRATORY	73.3%	98.6%	79.2%	97.2%	3.0	2.7	5.7	Realigment of skill mix, reduced to 5RN (days) with band 4 specialist for NIV
Windsor	FRAILTY	75.5%	97.6%	101.3%	95.9%	2.7	2.5	5.3	Ward manger bridging RN day gap
Stanhoe	GASTROENTEROLOGY	88.7%	92.9%	100.8%	124.9%	3.2	3.2	6.4	Review of night staffing in porgress
Tilney	CARDIOLOGY	87.7%	93.1%	101.0%	101.6%	3.0	2.2	5.3	
West Raynham	STROKE	87.2%	87.4%	98.2%	91.3%	4.0	3.1	7.1	
Denver	GENERAL SURGERY	71.8%	129.5%	96.9%	102.7%	3.0	2.8	5.8	Ward manager decsion to realigment skill mix in day
Marham	GENERAL SURGERY	73.1%	77.4%	91.4%	90.7%	4.2	2.7	6.9	Ward manger bridging RN day gap, majoirty of vacnacies recruited to
Elm	GENERAL SURGERY	85.6%	96.5%	99.9%	98.2%	2.9	2.8	5.7	
Gayton	TRAUMA & ORTHOPAEDICS	73.8%	105.0%	96.8%	100.2%	2.8	3.5	6.3	
Shouldham	ONCOLOGY	79.8%	117.0%	100.0%	89.7%	4.6	3.1	7.7	Vacancies appointed to, use of unregistered to support current RN gap
Critical Care	CRITICAL CARE MEDICINE	86.1%	113.8%	90.2%	N/A	25.5	1.8	27.4	
Central Delivery suite	OBSTETRICS	88.3%	91.0%	87.3%	93.4%	19.7	7.5	27.3	
Surgical Assessment Unit	GENERAL SURGERY	78.7%	80.0%	79.6%	92.8%	6.5	2.3	8.8	High number of RN vacancies recruited to (not yet in post), filling to min 1:6 ratio
Medical Assessment Unit	GENERAL MEDICINE	80.9%	112.4%	114.8%	110.8%	5.8	2.6	8.3	Trail of triage nurse
Terrington	GENERAL MEDICINE	80.4%	125.7%	79.8%	95.6%	2.7	2.3	5.0	Min ratio achieved at night 1:11, funded establishment at night 1:8
Castleacre	OBSTETRICS	94.3%	94.4%	97.7%	97.3%	7.5	3.7	11.2	
NICU	PAEDIATRICS	84.3%	53.0%	105.8%	58.0%	12.3	3.0	15.3	Flexible use of RN and HCA as per acuity & activity
Rudham	PAEDIATRICS	87.4%	76.8%	100.0%	96.8%	12.7	4.2	16.9	
ED	ACCIDENT & EMERGENCY	99.4%	93.9%	105.2%	92.2%				
ED (Obs Ward)	ACCIDENT & EMERGENCY	98.5%	87.1%	90.8%	N/A	13.8	2.4	16.2	
Average		**83.6%**	**97.4%**	**96.1%**	**98.9%**				
Key - RAG rating fill rates			< 80%		80-90%		>90%		>110%