Agenda Item No. 11

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:		
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:**				
Lesley Deacon Head of Midwifery					
CQC Domain: (safe, caring, effective, responsive, well-led)	**safe, caring, effective, responsive, well-led**				

Meeting Date: 28 March 2017
Report Title: Quality – Exception Report

PURPOSE:

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

SUMMARY:

Provides an update on key quality metrics for February 2017 including current position on Infection prevention and control.

- Falls reported at 4 per1000 bed days, however 2 falls with harm reported as SIRI
- Pressure ulcers improvement to 5 hospital acquired PU ; 2 avoidable 3 unavoidable
- Performance with hospital acquired infections remains strong, 2 cases of hospital acquired C. Difficile and 2 cases of E. coli
- 6 serious incidents reported and 1 never event relating to a retained foreign object

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 INTRODUCTION

1.1 The Quality report is presented to the Trust Board to complement the information presented in the Integrated Performance Report.

2 WARD ASSURANCE

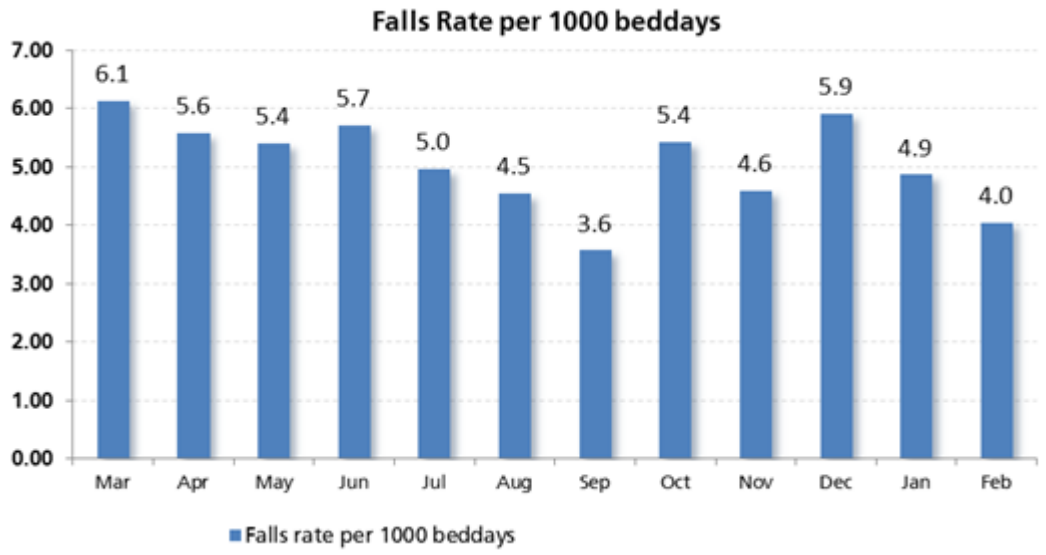
DASHBOARDS

2.1 Adult In patient

2.1.1 Falls

The falls in February were 4.04 per 1000 bed days which is a continued reduction from January which were 4.9 per 1000 bed days. There were 52 falls in total. We regret to report that 2 of these were serious incidents. 1 patient fell on Oxborough ward and sustained a fractured shaft of femur (secondary to a Breast Cancer) and the second patient fell on West Newton and sustained a fractured shaft of femur.

Both of these incidents have been reported as serious incidents and full root cause analysis is been undertaken with each one and lessons from the incidents raised with the wards involved.



The falls co-ordinator has contributed to the updated mandatory training programme for nursing staff that commences in April 2017. This practical training day uses real scenarios that have occurred within the Trust and so allows the teams to understand the importance of bed rails assessments, falls assessments and the need for correct documentation. It is anticipated that this

practical approach to training with an understanding of the real consequence to care will contribute to a sustained reduction in falls per 1000 bed days.

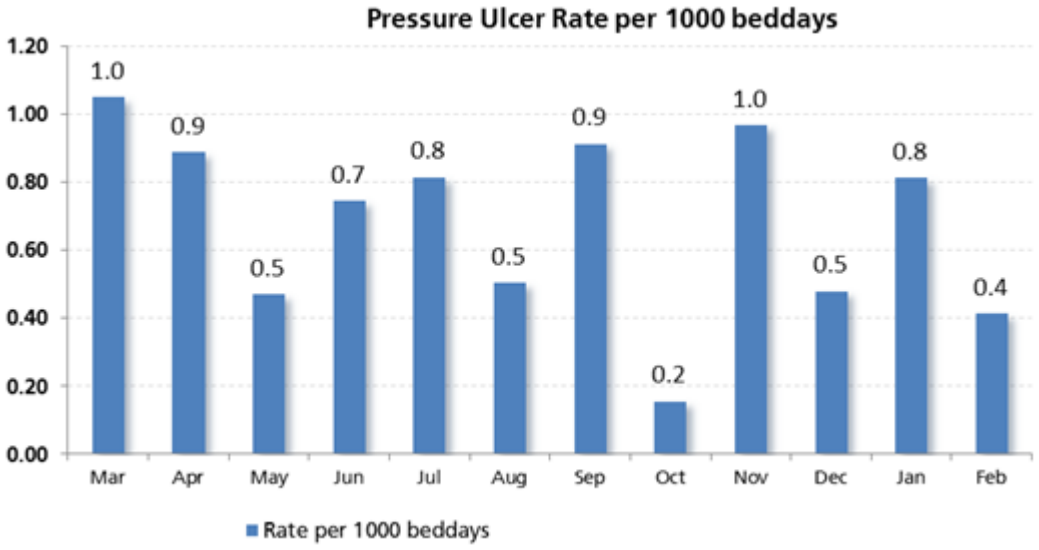
2.1.2 Pressure ulcers

We are pleased to report that pressure ulcers have dropped to 5 hospital acquired pressure ulcers in February from 11 in January. This relates to 0.41 pressure ulcers per 1000 bed days in February compared to 0.8 pressure ulcers per 1000 bed days in January.

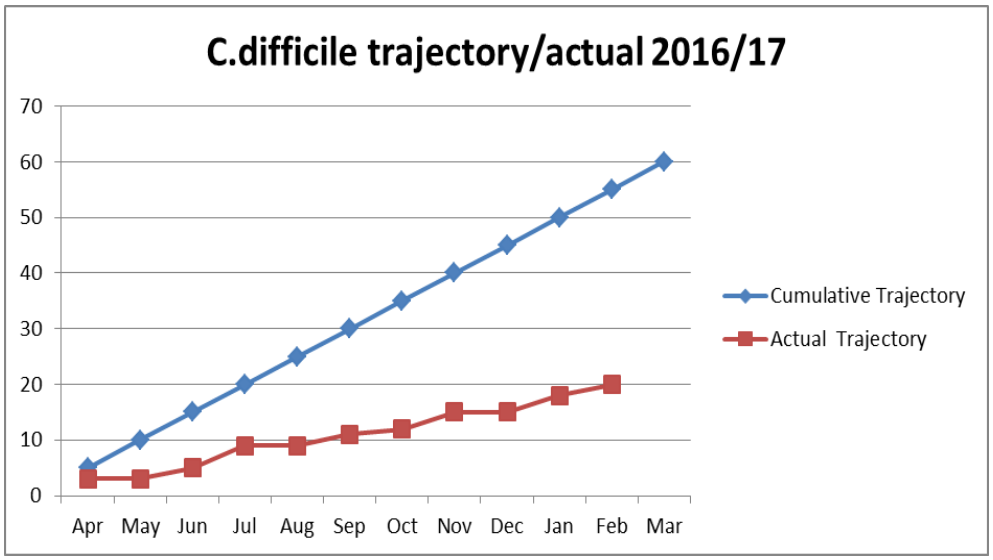
Hospital acquired pressure ulcers in February were as follows:

- 2 avoidable and 3 unavoidable pressure ulcers
- Three grade 2 and two grade 3 pressure ulcers
- 1 Necton, 1 Windsor, 1 West Newton (all grade 2 unavoidable). 1 Oxborough and 1 Tilney (both grade 3, avoidable).

As both Oxborough and Tilney had avoidable pressure ulcers in January and February, this has been raised with the matrons/ACN for medicine with an action for increased oversight in these areas. The issue of inadequate documentation relating to evidence of regular repositioning remains an area requiring improvement for both incidents. Root Cause Analysis (RCA) will be completed for all avoidable grade 3 and above hospital acquired pressure ulcers.



2.1.3 Infection control



In February the Trust reported 2 hospital acquired C. Difficile cases taking the cases to date to 20. This compares favourably to the position in February 2016 when the Trust recorded a total of 38 cases.

There were 2 cases of hospital acquired E. coli bacteraemia in February. From April 2017 E. coli bacteraemia cases will be reported and we await guidance on any metrics for this indicator and methodology of how community acquired and hospital acquired cases will be classified.

There have been no hospital acquired MRSA bacteraemias and no hospital acquired Norovirus in February.

Now that Dr Hosein has left the Trust I advise the Board that the Director of Nursing is the Director for Infection Prevention and Control.

2.1.4 Fluid Chart completion

There has been some improvement in the overall position with an improvement in 10 areas this month, with 1 area remaining the same and 3 areas having a reduction in compliance.

The Associate Chief Nurses continue to oversee actions to ensure compliance is met in all areas.

2.2 Maternity update

2.2.1 Homebirth

In January this was 0.6%. The midwifery led pathway was formally introduced on 6th February 2017 and QEH is now able to provide women with full choice of place of birth, at home, in the birth centre and in the consultant led obstetric unit. It is expected that the number of women who choose home or the birth centre for their birth will continue to rise as this pathway becomes more established.

2.2.2 Caesarean Section

There was an increase again in in January to 33.1% (Elective CS 14% Emergency 19.1%). The action plan from November was presented to the Quality Committee in March 2017. The January notes will be reviewed to see if the themes are the same as those identified in November. The Divisional Director reports that the high C/S rate is a reflection of the issues in the department regarding locum consultants and middle grade doctors and the division are working with the medical director to support the medical staff in this area.

2.2.3 Induction of Labour (IOL)

The IOL rate for January was 21.5%. To date we have relied on manual counting of details in the delivery register, which is inaccurate and not always recorded correctly. Midwives are using "augmentation" and "induction" inappropriately.at times which skews the data. It is likely that the figures reported at the beginning of the year were inaccurate and likely to be higher. There are clear definitions and these have been reiterated to staff and have been added to Badgernet. The recording of this data will be more accurate with the electronic system.

The inductions are being reviewed as the increase in the number of inductions is reportedly due to the introduction of national pathways changes relating to the 'Reducing Stillbirth Care Bundle' including the change in guidelines for management of women who report reduced fetal movements.

2.2.4 Readmissions

9 babies were readmitted within 28 days of birth in January on review all were seen as unavoidable and were due to Jaundice, sepsis, rash, jaundice / pyrexia, bronchiolitis, skin blisters.

An audit of the bilirubin meters in community is looking at possible increase in referral guideline. Cases due to feeding issues are being reviewed by the infant feeding midwife.

3 NATIONAL REPORTING FOR SAFE STAFFING FOR FEBRUARY 2017

3.1 The summary of the figures submitted to NHS Choices via the UNIFY platform are included in the IPR.

3.2 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. These figures include all staff both temporary and permanent staff.

3.3 UNIFY data for February 2017:

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

- For Registered Nurses/ Midwives 90%

- For Nursing Assistants (unregistered) 94.5%

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

4 ESCALATION WARDS

4.1 The oversight of the contingency areas is viewed of high importance. A number of processes are in place to ensure that clinical and operational practice is provided safely and effectively and is responsive to the patient's needs. Given the climate of high occupancy rates and sustained activity and acuity of patients it is recognised that this additional capacity is challenging for the organisation.

4.2 It is important that these escalation areas have an agreed identity and to that end Oxborough ward is replicating the model of Windsor ward; of low acuity and high component of complex elderly care and delayed transfer of care patients (DTOC) It is anticipated that this ward will need to remain open for the foreseeable future.

4.3 Patients on Leverington should be "short stay" patients (less than 72 hours, and preferably less than 48 hours), or patients from base wards who are about to be discharged within 24 hours, of low medical acuity. Patient selection should therefore be done in a pro-active manner, with staff on board and ward rounds within medicine identifying potential patients in real time on a daily basis.

5 SERIOUS INCIDENTS REQUIRING INVESTIGATION

5.1 There were 6 SIRI reported in February 2017:

- 2 SIRI relate to falls with serious harm as highlighted to previously in this report
- 1 relates to failure to act on adverse symptoms that occurred on Windsor ward
- 1 SIRI relates to delay in monitoring which occurred on west Raynham
- 1 relates to a delay in diagnosis following misreporting of a CT scan by an external provider
- 1 was an information governance breech where a patient list was included in the patients discharge paperwork

5.2 A Never Event was also declared in February and this occurred in Day Surgery Unit and was a retained foreign object following an ophthalmology procedure.

5.3 All of the SIRI's and the Never Event are currently being investigated and duty of candour has taken place.

Emma Hardwick
Interim Director of Nursing
March 2017