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

REPORT TO 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 Essential Standard Ref:					
NHSLA Standard Ref:					
Media / Communications:					

Meeting Date: 24th NOVEMBER 2015

Report Title: DIRECTOR OF NURSING EXCEPTION REPORT

PURPOSE:

To inform the Trust Board of exceptions and key updates regarding performance metrics in ward assurance in relation to nursing and midwifery.

SUMMARY:

Infection prevention and control

- There has been deterioration in the control of infection prevention processes at ward level. A cluster of cases of C *Difficile* have been reported in October (9 cases) and a further 4 in early November. Evidence of transmission as an underlying cause is supported by a cluster of MRSA colonisation cases. An action plan is in place to address the causative factors.
- Dashboards
  For adult in-patients there has been sustained improvement in pressure ulcer incidence and a reduction is the number of falls. Compliance with fluid balance charts remains variable and a one of the ward managers has initiated a quality improvement project relating to this metric.
  The maternity dashboard shows a rise in caesarean section rate (28%); a detailed case review report is due in December.
  The paediatric dashboard notes an increase in attendance for PAU and admissions to the ward and the winter flex beds have been utilised during the month.

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 information provided in the report.

QUALITY EXCEPTION REPORTING

1 WARD ASSURANCE

1.1 Infection Prevention and Control

C. Difficile
Current position

- A total of 9 HAI *C Difficile* cases in October
- 4 cases to date (17.11.15) in November
- High numbers of cases of patients being admitted with symptoms of Norovirus resulting in bays across 5 wards being affected.

There has been deterioration in the control of infection prevention processes at ward level. Evidence of transmission as an underlying cause is supported by a cluster of MRSA colonisation cases due to transmission (confirmed through typing).

A system wide outbreak meeting was held in early November; chaired by the CEO and attended by PHE and the CCG, to agree and share the action plan in place led by Dr Hosein. The 2 key issues to be addressed through actions contained within the plan relate to transmission and antibiotic stewardship. Compliance is being assessed via an IPAC checklist which is being reviewed weekly at the outbreak meeting.

1.2 PRESSURE ULCERS

There has been a sustained reduction in the number of pressure ulcers acquired during a hospital stay during September, October and into November; which includes a reduction in device related pressure damage (1 case September, 0 cases in October and November).

2.0 DASHBOARDS

2.1 In Patient Wards

Falls

Overall the total number of falls and the rate per 1000 bed days has decreased for October; however some wards have seen a higher number of incidents. These wards are undertaking more detailed information reviews to have a more targeted approach to improvement; for example Tilney ward had a high number of falls in October and the trend was that there was a peak between 6 and 7am therefore the ward have flexed shift start times for unregistered nurses to support enhanced care. Stanhoe have also had a higher number of falls of which a proportion relates to 1 patient with complex behavioural issues. There is also an additional challenge of managing patients requiring enhanced supervision in side rooms and the ability to provide sufficient nurses to meet this need.

Fluid balance charts

Variable compliance with completion of documentation persists. One of the surgical ward managers is focusing a quality improvement project on this and is developing and e-learning package to support training.

Overall there has been variability in documentation completion and staff report that in some cases this is a result of lack of time due to staffing challenges and relates to lack of documentation of care rather than care delivered.

2.2 Women's and Children's

Maternity

The caesarean section rate rose again in September at 28% (of these 23 were elective and 26 emergencies) and conversely there was a drop in instrumental deliveries. Following a recent serious incident it is felt that there has been some concern regarding instrumental deliveries leading to conversion to C-section. The detailed case review report of C-sections will be completed in December. It is anticipated that the promotion of midwife led care through the MLBU will support lowering of C-section rates.

Paediatrics

The ward dashboard shows that there were 9 occasions where PAU staffing standards were not met (i.e. a doctor dedicated to PAU), on 3 occasions the doctor covered the ward and PAU and on 6 occasions the team were in attendance in Resus. It should be noted that whilst this standard is aspirational the key is to prioritise resource to care for the acutely unwell children.

Attendance and admissions have increased in October which has required the opening of the flex escalation beds on 16 occasions which is part of the winter plan.

3.0 QUALITY PERFORMANCE REVIEW FRAMEWORK

Meetings have been initiated to ensure a structured process for improving quality and managing performance that falls below standards. Attendance by ward manager and matron enables detailed review of key issues and tracking of progress against agreed actions. The framework includes; quality performance (key quality metrics e.g. high impact assessments, pressure ulcers, patient tracking); workforce (effective e-rostering, sickness management, recruitment and retention) and financial performance.

Catherine Morgan, Director of Nursing
November 2015