

## Board of Directors Meeting

## Report

**Subject:** Quarterly Patient Safety & Quality Report  
**Date:** Thursday 29<sup>th</sup> January 2015  
**Authors:** Individual contributors  
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Andrew Hayes Medical Director

### Executive Summary

Within the 2014/15 Quality Account, the Trust set itself a number of key Quality and Safety targets which had also been translated from our Patient Quality and Safety Strategy. This report gives an assessment and future plans against those priorities. This report also needs to be read in partnership with the Quality Improvement Plan

Due to technical problems Dr Foster has been unable to provide the trust with any HSMR validated data, but our latest **SHMI demonstrates we are within the expected range at 103 with no alerts**. The recent incidence of flu outbreaks within the East Midlands will have impacted upon our crude mortality. We have received an alert in relation to deaths from therapeutic endoscopic procedures. The notes of all the patients have been reviewed and assurance can be provided that the Endoscopic Procedures are carried out safely and for the appropriate care of patients

During Q3 our falls reduction work has continued to show some good improvements with a comprehensive programme of work in place, led by the Falls nurse. Our falls resulting in harm has reduced and is very close to our 2014/15 target. **We have recorded <1.73% against a target of <1.70% per 1000 occupied bed days**. We still have lots of work to undertake but we are demonstrating sustainable changes

Q3 has seen fantastic results for hospital acquired pressure ulcers. December is the first month since data collection commenced we have recorded **NO avoidable Grade 2-4 Pressure Ulcers**. There have been no avoidable Grade 3 pressure ulcers since April 2014 and no Grade 4's for 2 years. We are now concentrating on eliminating Grade 2 Ulcers.

The Safety Thermometer is demonstrating excellent results for those patients in our care. **97.87% of Sherwood Forest Hospital patients were receiving harm free care during Q3**. Plans are being progressed to implement the Medicine Safety Thermometer

We have failed our C difficile target for the year with 54 cases against a target of 37 (Dec 15). We have sought the support of our health community partners to help identify solutions. Our CCG have facilitated a community wide task and finish group, in which all partners attended. It has been agreed that SFH will join the area wide prescribing group.

### Recommendation

The Trust Board is asked to discuss the contents of this report and note the improvements that are being made in relation to a number of quality priorities, however to be aware there are still areas that are receiving focused attention to ensure improvements are maintained and driven further.

Relevant Strategic Objectives (please mark in bold)	
<b>1. To consistently deliver safe, effective high quality care achieving a positive staff and patient experience</b>	<b>2. To eliminate the variability of access to and outcomes from our acute and community services</b>
3. To reduce demand on hospital services and deliver care closer to home	4. To develop extended clinical networks that benefit the patients we serve
<b>5. To provide efficient and cost effective services and deliver better value and healthcare</b>	
<b>Links to the BAF and Corporate Risk Register</b>	BAF Principal risk 1 & 2 Mortality & C Diff on corporate risk register
<b>Details of additional risks associated with this paper</b> ( <i>may include CQC Essential Standards, NHSLA, NHS Constitution</i> )	Failure to meet the Monitor regulatory requirements for governance - remain in significant breach. Risk of being assessed as non-compliant against the CQC judgment framework Failure to meet contract targets – impacts on governance risk rating
<b>Links to NHS Constitution</b>	Principle 2, 3, 4 & 7
<b>Financial Implications/Impact</b>	Potential contractual penalties for C Difficile, Pressure Ulcers, Never Event and MRSA
<b>Legal Implications/Impact</b>	Reputational implications of delivering sub-standard safety and care
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	This paper will be shared with the CCG Performance and Quality Group.
<b>Committees/groups where this item has been presented before</b>	A number of specific items have been discussed at Infection Prevention & Control Committee, Pressure Ulcer Strategy Group, Nursing Care Forum and Clinical Governance & Quality Committee
<b>Monitoring and Review</b>	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes, e.g. Clinical management Team & relevant committees/forums
<b>Is a QIA required/been completed? If yes provide brief details</b>	No