Board of Directors

Meeting   Report

Subject:	**Monthly Quality & Safety Report**
Date:	**Thursday 26th March 2015**
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Lead Director:	**Susan Bowler – Executive Director of Nursing & Quality**
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Executive Summary

This monthly report provides the Board with a summary of important quality and safety items including our key quality priorities. In summary, the paper highlights the following key points:

- An increase in mortality reflects a seasonal change with an increase in the winter months however the figures for this year show a rising trend. Mortality reviews for July (n=88) and Dec-Jan (n=86) have not indicated lapses in care or avoidable deaths. A review of November deaths has been initiated and will be externally verified. We are also investigating with Dr Foster a coding issue introduced with the new Medway PAS system in October which may impact on our HSMR. These issues have been discussed in a deep dive at the March Quality Committee

- The number of falls reported in February (7.57) and those resulting in harm (1.82) demonstrate a slight increase in comparison to those reported during the previous month. The increase in overall fall rate for February is reflective of the fact that some of January's incidents were severity coded at the beginning of February. This is being addressed by the Lead Nurse for Falls.

- During February the FFT response rates recorded across our In-Patient and Emergency Departments deteriorated. We have recently introduced a robust monitoring system in order to monitor our completed questionnaires; this does not correlate to the response rates received. We are therefore working with the external company in order to gain a greater understanding of why this discrepancy has occurred and to seek broader assurances from a data quality perspective in terms of what has been reported historically. We are currently in contact with our buddy partners, Bath, who utilise an in house solution for FFT as we may wish to progress this option going forward.

- The Trust reported 6 post 48 hours Clostridium Difficile infections during February. This breached the monthly trajectory; bringing the Trust year to date total to 63 cases. Together with the wider health economy discussions have been held to consider how to improve our current performance and ensure that we meet trajectory over the

forthcoming year.

- From an organisational perspective we are proactively preparing for the launch of Nurse Revalidation later this year. We are currently working in partnership with neighbouring trusts to prepare our respective nursing workforce through the establishment of a communications strategy, steering group and workshops.

Recommendation

To note the information provided and the actions being taken to mitigate the areas of concern.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5 Mortality on corporate risk register
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	Failure to meet the Monitor regulatory requirements for governance- remain in significant breach. Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Potential contractual penalties for failure to deliver the quality schedule
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the CCG Performance and Quality Group.
Committees/groups where this item has been presented before	A number of specific items have been discussed; Clinical Governance & Quality Committee, Falls Steering Group and Mortality Group
Monitoring and Review	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes
Is a QIA required/been completed? If yes provide brief details	No

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