Sherwood Forest Hospitals **NHS**

NHS Foundation Trust

Board of Directors

Meeting   Report

Subject:	**Monthly Quality & Safety Report**
Date:	**Thursday 28th May 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:

The rise in crude mortality seen over December and January has settled back into range for the trust. This has been discussed at Clinical Quality and governance Committee (CQGC) and the Trust Mortality Group has been asked to provide a Deep Dive into the December/January 2014 period.

Sepsis is a national priority on the healthcare agenda, having been included in Domains 1 and 5 of the NHS Outcomes Framework and is the goal of a national CQUIN for 2015-16. The focus this year is to improve screening of emergency admissions for sepsis and the early administration of antibiotics to patients with severe sepsis. The Trust position with regards to Mortality data extracted from Dr Foster (date range January – December 2014) has identified that sepsis related mortality has remained within expected range with the exception of September.

The falls with harm rate has significantly improved from our performance in March with the harm rate reported as 7.43 per 1000 occupied bed days. Although still slight above trajectory significant improvements are demonstrated. A safety improvement programme to reduce the number of falls and associated harm has commenced this includes understanding the causes of in-patient falls, improved opportunities for staff training and raising awareness.
The Trust has participated in the Falls and Fragility Audit National Programme.

During April the Trust reported 4 Trust attributable Clostridium Difficile infections; this aligns with the monthly target set. Root Cause Analysis has been undertaken regarding all of the cases reported in April of which identified one case of a lapse in care related to antibiotic prescribing practice

Good progress is maintained in delivering the current Trust End of Life Care Strategy ratified 2014-15. A new Trust Clinical Champion started employment in the Trust. This Consultant Geriatrician is a national expert and has led a rapid review of the short and longer term

strategy and is supporting the process of planning further improvements. He is giving new support to the front door frailty team (F.I.T), including rapid discharge for end of life patient's. Additional short term clinical and educational support has been achieved from an Integrated Discharge / End of Life Care Specialist nurse. This colleague works across all care settings focussing on rapid discharge (to their preferred place of care) and last days of life care.

A revised Complaints and Concerns Policy was approved at the Clinical Quality and Governance Committee in May 2015, and shared with the Quality Committee.

The Patient Experience Team met with the Parliamentary and Health Service Ombudsman (PHSO**)** in March 2015 to discuss and review our recently revised complaint processes in place and for them to provide feedback relating to their new approach and structure

Recommendation

The Trust Board are asked to:

- Discuss the information provided and the actions being taken to mitigate the areas of concern.
- Note the partnerships that are being developed with organisations outside of SFH
- Review this paper in collaboration with the Quality Improvement Plan and April's Quarterly Quality and Safety Report

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 significant risk register C Difficile is on the significant 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 assessment domains
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	This paper will be shared with the CCG Performance

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Engagement Implications/Impact	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