Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of Directors

Meeting Report

Subject: **Monthly Quality & Safety Report**

Date: **Thursday 25th June 2015**

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Lead Director: **Susan Bowler – Executive Director of Nursing & Quality**

Dr Andrew Haynes – Executive Medical Director

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:

- Dr Foster HSMR data is now available to the end of January. This graph shows HSMR was high in January, alongside the high crude mortality that we saw in January. As reported then, the HPA flu surveillance report shows a significant increase in mortality in the 65+ age group in December and January with up to 2000 deaths a week above expected and the East Midlands has had the highest incidence of flu outbreaks. This will have impacted on our crude mortality. The difference between HSMR weekend and weekday admissions continues to vary. A detailed review of admissions at weekends, who go on to die, is taking place at the moment – looking at the types of patients and conditions that are seen and whether the day they were admitted influenced the way in which the patients were managed at the start of their admission and whether that related to their deaths.
- Sepsis is highest HSMR diagnosis group. Every death with sepsis as a primary diagnosis is reviewed. This is to ensure that the diagnosis and management were appropriate. Work in Quarter 1 is concentrating on ensuring all appropriate emergency admissions are screened for sepsis.
- We are continuing to drive our falls reduction work. The Lead Nurses for Falls have attended 4 full day conferences outside of the Trust, which has enabled us to gather resources and information to influence current practice. We have formed a partnership with Public Health and agreed to be part of the Mid Nottinghamshire Falls Group, looking specifically at how we can improve the communication between primary and secondary care settings. Another particular focus of the group will be to look at the availability and access for older people in relation to 'strength and balance' training.
- The Trust reported 8 post 48 hours Clostridium Difficile infections during May 2015. 3 of the 8 cases were attributed to one ward. The Patient Safety

	Collaborative have undertook a review of the Trust processes regarding the management of infections, including *clostridium difficile*; 50 recommendations were made identifying a number of key elements from board to ward and an extensive action plan has been developed incorporating a number of issues that are cross organisational.
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