

Board of Directors Meeting

Subject: Monthly Quality and safety Report
Date: 17th September 2015
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Lead Director: Susan Bowler – Executive Director of Nursing and 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 Sherwood Forest Hospitals HSMR for April 2015 is 102. This is an improving picture on previous months and is a reflection of the measures that have been put into place. The data available for May suggests that the HSMR may be less than 100; confirmation of this is expected at the end of September.

The effective management of sepsis continues to be crucial for reducing mortality. This programme of work is designed to meet recommendations from the Care Quality Commission and address the National CQUIN requirement. The Trust has developed a daily audit programme with the emphasis on improving compliance with the Sepsis Six treatment bundle. A focussed team specifically dedicated to developing the care and management of the septic patient, including a Specialist Sepsis Nurse, a Clinical Lead and a Project Manager has been implemented. All areas audited now demonstrate an average weekly compliance in excess of 90% with screening. Further work is required to ensure that appropriate treatment plans are implemented within the required time frames.

Reducing the patient's level of harm following a fall in hospital remains a Trust priority. The falls improvement programme includes a CQUIN element. Changes to the CQUIN element have been redefined to ensure that the programme of improvement focuses on the reduction in harm from falls. The targets for this improvement are being finalised with the commissioners.

The Nursing and Midwifery Council (NMC) are introducing revalidation. The purpose of revalidation is to improve public protection by making sure that nurses and midwives continue to be fit to practise throughout their career. An on-going programme of work is in place to support our registered nurses and midwives to ensure they are prepared, feel confident and competent within the new revalidation process and continue to provide the best quality care to our patients.

Recommendation

The Trust Board are asked to:
Discuss 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-complaint against the CQC essential standards of Quality and Safety.
Links to NHS Constitution	Principal 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-standards 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