

## Board of Directors Meeting

**Subject:** Monthly Quality and safety Report  
**Date:** 26<sup>th</sup> November 2015  
**Authors:** Victoria Bagshaw, Denise Berry, Joanna Richardson, Joanne Lewis Hodgkinson and Paula Evans  
**Lead Director:** Suzanne Banks – Interim Chief Nurse  
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:

Sherwood Forest Hospitals HSMR for June is showing as below 100 at 89. Whilst this may change slightly as Dr Foster Intelligence make adjustments against national figures, this is lower than we have seen in the past and reflects the work that has been going on over the past months. The area that has consistently shown our highest HSMR above expected is the area of Sepsis. However, this is also showing an improvement with an HSMR that is now below 100.

The effective management of sepsis continues to be crucial for reducing mortality with a dedicated programme of work designed to meet recommendations from the Care Quality Commission and address the National CQUIN requirement. Use of the sepsis screening tool, for emergency admissions has been audited daily for the last three months. Compliance is now consistently above 90%.

Following a point prevalence audit of the newly implemented in-patient sepsis screening tool variable uptake was noted and this will be reviewed again at the end of November.

Reducing the patient's level of harm following a fall in hospital remains a Trust priority. Whilst the number of falls incidents severity coded as no harm has fallen. The number of falls incidents with harm during October was recorded as 26 harms compared to September with 22 harms reported.

At the start of Quarter 3 we see a slight increase in the number of falls with harm compared to September. The Falls Nurses continue to work closely with the wards, analysing the incident data and developing actions plan based on the interpretation of the data to support staff with understanding the risks.

### Recommendation

The Trust Board are asked to:  
Discuss the information provided and the actions being taken to mitigate the areas of concern.

<b>Relevant Strategic Objectives (please mark in bold)</b>	
<b>Achieve the best patient experience</b>	Achieve financial sustainability
<b>Improve patient safety and provide high quality care</b>	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	
<b>Links to the BAF and Corporate Risk Register</b>	BAF 1.3,2.1,2.2,2.3,5.3,5.5 Mortality 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-complaint against the CQC essential standards of Quality and Safety.
<b>Links to NHS Constitution</b>	Principal 2,3, 4 & 7
<b>Financial Implications/Impact</b>	Potential contractual penalties for failure to deliver the quality schedule.
<b>Legal Implications/Impact</b>	Reputational implications of delivering sub-standards 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; Clinical Governance & Quality Committee, Falls Steering Group and Mortality Group.
<b>Monitoring and Review</b>	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes.
<b>Is a QIA required/been completed? If yes provide brief details</b>	No