

## Board of Directors

## Meeting

## Report

**Subject:** Quarterly Quality & Safety Report  
**Date:** Thursday 30<sup>th</sup> July 2015  
**Authors** Andrew Haynes / Susan Bowler / Victoria Bagshaw  
**Lead Director:** Susan Bowler – Executive Director of Nursing & Quality  
Dr Andrew Haynes – Executive Medical Director

### Executive Summary

Within the 2015/16 Quality Account, the Trust set itself a number of key Quality and Safety targets which had also been translated from our Patient Quality and Safety Strategy. This report gives an assessment and future plans against those priorities.

Quality Priority 1: Dr Foster have just released updated data to include March 2015. This shows an overall HSMR of 114 for the period April 2014 to March 2015. However, this figure may change as there are still statistical analyses to be applied by Dr Foster before the year's HSMR figure is finalised. A joint Mortality Action Plan has been developed between Sherwood Forest Hospital Trust and the Mid-Nottinghamshire CCGs. Our aim is to achieve a sustained HSMR at, or below 100. The plan sets out in detail a number of clinical and administrative areas where work is focussed; sepsis, pneumonia, pathways of care such as acute kidney injury, end of life care including ceilings of care and supporting documentation.

Quality Priority 2: Our priority is to improve the management of sepsis and reduce sepsis related mortality. An audit of patients with Bacteraemia and Sepsis is carried out monthly. In addition to the Trust Sepsis group, a Task & Finish group has been set up (with Executive chair) to review and monitor in Sepsis screening and compliance with the Sepsis pathway. We have given an update on our current actions to the CQC

Quality Priority 3: The falls priority is to reduce the number of patients falling and reduce the number of fractures sustained following a fall. The average inpatient fall rate for Quarter 1 (April-June) is calculated as 7.95%. and slightly above trajectory. The focus of the falls work programme is to work with the Nursing teams to understand the perceived barriers that prevent the outcome of risk assessment being transacted into practice.

Clostridium Difficile remains high on the agenda and a comprehensive action plan is in place with clear, measurable goals. A meeting has taken place to discuss future management across the whole health economy, identifying triggers and practice issues. Delegates from the Infection Prevention and Control Committee visited Royal United Bath Hospitals in June to review and learn from their systems.

The risk register has been updated to include End of Life risks

We have external expertise working with us to help develop and strengthen our safeguarding resource.

We continue to deliver 'harm free care' as measured by the safety thermometer, with > 96% of our patients receiving harm free care.

**Recommendation**

The Trust Board is asked to discuss the contents of this report and note the improvements that are being made in relation to a number of quality priorities, however to be aware there are still areas that are receiving focused attention to ensure improvements are maintained and driven further

<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 1,2 & 4 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-compliant against the CQC essential standards of Quality and Safety
<b>Links to NHS Constitution</b>	Principle 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-standard 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

