Agenda Item:

Board of Directors
Meeting   Report

Subject:	**Quarterly Patient Safety & Quality Report**
Date:	**Thursday 30th October 2014**
Authors:	**Denise Berry / Lisa Dinsdale**
Lead Director:	**Susan Bowler – Executive Director of Nursing & Quality**
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Executive Summary

Within the 2014/15 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.

Our HSMR has over a number of years been elevated, resulting in both an internal and community wide series of actions. Our 12 month rolling HSMR is now within a normal range but we continue to monitor a range of relevant indicators and triangulate incident reporting, alerts and note reviews. During Q2 our falls reduction work has continued to show some good improvements with a comprehensive programme of work in place, led by the Falls nurse. The number of repeat falls and those patients who suffered a fracture as a result of a fall has improved. We are currently reviewing our classification and recording of falls as we do record all slips, trips and falls which is not in line with some large teaching hospitals we have recently visited. The same observation has been noted with the recording of pressure ulcers, e.g. we record peripheral vascular disease ulcers as pressure ulcers, whereas other Trusts classify these as unavoidable ulcers. We are currently asking local Trusts of their definitions.

The Safety Thermometer is demonstrating 100% and of those patients within our care, we are demonstrating that >95% are receiving harm free care. Of those patients that are recording harm, catheter acquired urinary tract infections are an area of increased concern. The newly appointed Nurse Consultant for Infection Control has herself noted that we appear to leave urinary catheters in longer than the Trust she has recently left. She is currently reviewing our practice to implementing new ways of working.

We have failed our C difficile target. We have sought the support of our health community partners to help identify solutions. Our CCG have agreed to facilitate a community wide task and finish group, in which all partners including NUH will be invited to discuss actions and learning across the whole patient pathway.

Hydration of our patients is demonstrating that we are supporting our patients with fluid management but we are inconsistent with recording this. Record keeping has been included as part of the accountability handover, but it is proving a challenge to change behaviours. The Lead Nurse for Nutrition and Patient Safety lead are members of a Midlands and East Nutrition and Hydration Strategic Advisory Group that commenced in September, of which hydration is one of the key national priorities being worked on, because the majority of Trusts present were grappling with the same problem of record keeping . Within the forum we have been asked to share our hydration work as it was felt we are further ahead than many of the organisations present.

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.

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, C Diff & Complaints 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 judgment framework Failure to meet contract targets – impacts on governance risk rating
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Potential contractual penalties for C Difficile, Pressure Ulcers, Never Event and MRSA
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 at Infection Prevention & Control Committee, Pressure Ulcer Strategy Group, Nursing Care Forum and Clinical Governance & Quality Committee
Monitoring and Review	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes, e.g. Clinical management Team & relevant committees/forums
Is a QIA required/been completed? If yes provide brief details	No