Board of Directors

Meeting   Report

Subject: **Quarterly Quality & Safety Report**
Date: **Thursday 31st July 2014**
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Executive Summary

This quarterly 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:

- We have seen a reduction in our mortality (HSMR) and crude mortality rates during Q1 of which will be re based once final benchmarking against other acute trusts across the UK has been completed. We have seen a significant improvement in coding with < 5% un coded episodes reported. Our weekend mortality figures whilst elevated equally demonstrate improvement.
- The reduction in falls remains a challenge for the trust. We are seeing improvments but there is still areas we can improve on, particularly falls resulting in fractures. Unfortunately our falls lead nurse has had a period of planned sickness but is back in post to drive our reduction programme.
- We have identified the need to improve the number of our family and friends response rate and have initiated actions to increase to 50% by October 2014. Our inpatient response rate and the scores have improved during this quarter, but we have a poor response for ED. We are currently in the final stages of procuring a provider to facilitate our Friends & Family surveys (Patients & Staff) of which will help us to achieve our required response rates.
- For pressure ulcers we have seen an improvement in terms of the number of ulcers that develop whilst within our care in comparison to the same time period last year. Disappointingly we have seen an increase in the number of grade 2 ulcers over the last 2 months- we are initiating some focused work in EAU and have recruited an additional HCA to support pressure ulcer reduction.
- We have achieved our Dementia Q1 CQUIN Target
- We have achieved our Sepsis Q1 CQUIN target
- Disappointingly our C. *difficile* rates are still outside of our trajectory and we have failed our Q1 target. We have instigated a number of additional actions including requesting a peer review of our strategy and actions
- We have commenced the development of an end of life strategy which will be available for comment in August 2014.

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 Safeguarding Group, Nursing Care Forum, 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