

Board of Directors Meeting

Report

Subject: Quarterly Quality & Safety Report
Date: Thursday 24th April 2014
Lead Author: Amanda Callow – Deputy Director of Nursing & Quality
Lead Director: Susan Bowler – Executive Director of Nursing & Quality

Executive Summary

This report includes information from Quarter 4 and provides a year end summary of specific quality and safety priorities. In summary, the paper highlights the following key points:

- There have been improvements in mortality rates (HSMR) during 2013/14. We will continue to drive this as key priority during 2014/15 and have identified some key actions to ensure we continue the momentum.
- Pressure ulcer prevention – we had zero avoidable grade 4 pressure ulcers in 2013/14 and a 25% reduction in grade 3's, thereby meeting our contractual targets. Although we saw a 30% reduction in grade 2 pressure ulcers we missed our yearly target by 11. Overall, however, our performance has been positive and this will continue to be a CQUIN and quality target for 2014/15 to achieve zero.
- The Trust has achieved all of the acute CQUIN quality targets during 2013/14. This includes dementia, whereby 95% of our patients over the age of 75 were assessed in the last 4 months. This was a challenging CQUIN that will continue into 2014/15. We are still awaiting confirmation for our specialist CQUIN schemes and are submitting our evidence to NHS England in April 2014.
- We have seen an improvement in our Global Trigger tool results and have seen an initial reduction in unexpected ITU admissions, which indicates our management of deteriorating patients is improving. This will be monitored over the next few months for statistical significance. This is reinforced by improvements in sepsis care and reduction in cardiac arrest rates.
- Infection control – By the end of Quarter 4 we had 36 cases of C diff against a trajectory of 25. Our trajectory next year is 37 cases. During 2013/14 we had 3 cases of MRSA with zero during Quarter 4.
- Our nutrition and hydration projects continue to demonstrate positive impact. We held a successful nutrition and hydration week during March which gave us the opportunity to promote this important agenda further.
- We had 26 STEIS reportable incidents during Quarter 4. These are individually reviewed and reported via Trust Management Board and Clinical Quality and Governance Committee.

Recommendation

To note the content of the report and progress / position to date

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 essential standards of Quality and Safety Failure to meet 2013/14 infection control trajectories – 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 and the Patient Quality and Experience Committee
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, Clinical Management Team 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