

# Board of Directors Meeting

# Report

**Subject:** Monthly Quality & Safety Report  
**Date:** Thursday 27<sup>th</sup> March 2014  
**Authors:** Susan Bowler / Amanda Callow  
**Lead Director:** Susan Bowler – Executive Director of Nursing & Quality

## Executive Summary

This monthly report provides the Board with a summary of important quality and safety items and our key quality priorities. In summary, the paper highlights the following key points:

- For HSMR - the data for the 4 quarters of 2013 show SFH within the expected range throughout, with a reassuring decrease quarter on quarter keeping us below the national benchmark for the last two quarters of 2013.
- There has been a great improvement in coding. Only 10% of discharges were uncoded at the end of January, compared with 26% at the end of December.
- Pressure ulcers – In February zero deep pressure ulcers (Grade 3) developed against our target of zero. Five avoidable grade 2 (superficial) ulcers developed against our target of 3. We have had zero grade 4 pressure ulcers for 14 months.
- The Trust average length of stay (LOS) in February was the same as January at 6.8 days.
- Complaints – There was a reduction in complaints to 33 in February compared to 62 in January 2014. 100% of our complaints are acknowledged within 3 days. During Quarter 4, we have begun sending patient satisfaction surveys out to complainants approximately 6 weeks after their complaint has been closed.
- As at 5<sup>th</sup> March 2014 there are a total of 29 serious incidents open on Strategic Executive Information System (STEIS).
- A number of successful nursing initiatives have been undertaken in February 2014. This includes a successful bid to the Nursing Technology Fund and a 'Compassion in Care' Master class.
- PLACE audits will be undertaken across the organisation over the next few months. Teams now comprise 50% of patient representatives.
- Summary of Discussions from Clinical Governance & Quality Committee

## Recommendation

To note the information provided and the actions being taken to mitigate the areas of concern.

Relevant Strategic Objectives (please mark in bold)	
<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 & Complaints on corporate risk register
<b>Details of additional risks associated with this paper</b> (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
<b>Links to NHS Constitution</b>	Principle 2, 3, 4 & 7
<b>Financial Implications/Impact</b>	Potential contractual penalties for Pressure Ulcers and duty of candour.
<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 at Pressure Ulcer Strategy Group, Nursing Care Forum, Clinical Management Team and Clinical Governance & Quality Committee
<b>Monitoring and Review</b>	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes, e.g. Clinical management Team & relevant committees/forums
<b>Is a QIA required/been completed? If yes provide brief details</b>	No