

## REPORT TO THE TRUST BOARD

<b>Paper Title:</b>	Quality Report
<b>Sponsoring Director:</b>	Alison Robertson, Chief Nurse and Director of Operations
<b>Authors:</b>	Alison Robertson, Chief Nurse Matthew Laundy, Infection Control Doctor Sarah Duncan, Patient Experience Manager Kate Hutt, Clinical Effectiveness and Audit Manager Vikki Carruth, Deputy Chief Nurse Yvonne Connolly, Head of Patient Safety Dr Jeremy Isaacs, Trust Dementia Lead
<b>Purpose:</b>	To inform the board of initiatives and actions being taken to improve the quality of care for our patients.
<b>Action required by the board:</b>	For information
<b>Document previously considered by:</b>	Full reports on topics contained in this paper have or will be presented and considered at a number of internal trust committees.
<b>Executive summary</b>	
<ol style="list-style-type: none"> <li>1. There have been 26 cases of C.diff since April 1<sup>st</sup> 2013 (the trust remains below trajectory).</li> <li>2. There have been 4 MRSA blood stream infections attributed to the trust so far this year.</li> <li>3. Complaints in December decreased although there was a significant rise in Q3 as a whole. An overview of divisional performance and analysis gives an indication of the type of activity currently underway to improve care and services where patient feedback has indicated a need for improvement. There continues to be an upward trend in complaints received on the surgical division coupled with a decrease in response rate (notably General Surgery and T&amp;O). The Chief Nurse has asked for a formal plan from both of these care groups.</li> <li>4. The CQC maternity survey demonstrates that whilst there is still room for improvement work which has been underway for a number of years is becoming embedded.</li> <li>5. The report includes a high level summary of the trust's approach to improving the care of patients with dementia. Regular reports will be given from now on.</li> <li>6. Implementation of the Friends and Family test continues. The response rate in the ED department has improved. Overall the trust must achieve a 20% response rate in Q4 so there is more work to be done.</li> <li>7. The patient outcomes section gives an overview of the audit results from a number of local and national audits.</li> </ol> <p><b>1. Recommendation</b> To receive this report as assurance that focus is given to improving patient safety, patient experience and patient outcomes and that quality is an important trust priority.</p>	
<b>Key risks identified:</b> Infection control – MRSA bacteraemia: Monitor sets a de minimus level of 6.	
<b>Related Corporate Objective:</b> <i>Reference to corporate objective that this paper refers to.</i>	Strategic aim 1 – provide outstanding quality of care

<b>Related CQC Standard:</b> <i>Reference to CQC standard that this paper refers to.</i>	All CQC standards
<b>Equality Impact Assessment (EIA): Has an EIA been carried out? ( Yes )</b> <b>If yes, please provide a summary of the key findings</b>	
<b>If no, please explain you reasons for not undertaking and EIA.</b>	

**Appendix A:**1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Headline outcomes for the Equality Delivery System (EDS)

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
<b>Who is responsible for this service / function / policy?</b> Chief Nurse and Director of Operations, Medical Director				
<b>Describe the purpose of the service / function / policy?</b> To improve patient safety, patient experience and patient outcomes				
<b>Are there any associated objectives?</b> There are a variety of associated objectives relating to this subject				
<b>1.4 What factors contribute or detract from achieving intended outcomes?</b> Lack of staff awareness, poor compliance of trust policies and procedures.				
<b>1.5 Does the service / policy / function / have a positive or negative impact in terms of the protected groups under the Equality Act 2010. These are Age, Disability ( physical and mental), Gender-reassignment, Marriage and Civil partnership, Pregnancy and maternity, Sex /Gender, Race (inc nationality and ethnicity), Sexual orientation, Religion or belief and Human Rights</b> The function is aimed at improving the care for all of our patients				
<b>1.6 If yes, please describe current or planned activities to address the impact.</b>				
<b>1.7 Is there any scope for new measures which would promote equality?</b>				
<b>1.8 What are your monitoring arrangements for this policy/ service</b>				
<b>1.9 Equality Impact Rating [low,]</b>				
<b>2.0. Please give you reasons for this rating</b>				