REPORT TO THE TRUST BOARD   **Paper ref: 7.1 TB (14) 2 (a)**

Paper Title:	Quality Report
Sponsoring Director:	Alison Robertson, Chief Nurse and Director of Operations
Authors:	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 Paul Silke, Head of Nursing, Workforce Anne Cleary, Head of Nursing, Patient Experience and Quality Chris Evans, Chief Pharmacist
Purpose:	To inform the board of initiatives and actions being taken to improve the quality of care for our patients.
Action required by the board:	For information
Document previously considered by:	Full reports on topics contained in this paper have or will be presented and considered at a number of internal trust committees.

Executive summary

1. There have been 28 cases of C.diff since April 1st 2013 (the trust remains below trajectory).
2. There have been 6 MRSA blood stream infections attributed to the trust so far this year. The trust is now at the 'de minimus' threshold of 6 cases per year.
3. The report gives a comprehensive overview of various initiatives that are in place to improve communication – a recurrent theme in serious incidents and complaints.
4. The trust wide strategy to improve pressure ulcer prevention remains in place. Following a rise in grade 3 and 4 pressure ulcers in July numbers have settled again. The trust is on track to achieve it's CQUIN trajectory of reducing these numbers by 10%.
5. The report includes more detailed information on medication safety incidents and describes the different types of teaching and learning opportunities that are available to staff.
6. Safe staffing reports will feature in all future Quality Reports. A trust wide establishment review is underway, the results of which will be reported to the Board in May.
7. The trust remains below the required CQUIN trajectory of 20% of eligible patients responding to the Friends and Family test due to continuing poor performance in A&E. More work is also required in the maternity services to ensure that the process is embedded in its 4 contact points.
8. Complaint numbers increased in February to levels recorded in October and November. The incidence per 1000 patient episodes has risen in 3 of the 4 clinical divisions. Response rates have also dropped.
9. A project to improve patient experience in our outpatient departments has commenced. Investment has been agreed to establish a small team of dedicated nurses who will focus on improving the care of patients with delirium and dementia.
10. The report demonstrates evidence of compliance on a number of indicators in relation to our learning disability services (part of the NHS Outcomes Framework)
11. the trust summary hospital-level mortality indicator (SHMI) was published for the period July 2012 to June2013. The score of 0.81 is categorised as lower than expected. The hospital standardised mortality ration is also significantly better than expected. St George's is one of 12 trusts identified as a 'repeat outlier' as our mortality rate has been 'lower than expected' for 2 consecutive years

1. Recommendation
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.

Key risks identified:
Infection control – MRSA bacteraemia: Monitor sets a de minimus level of 6. Complaint response rate continues to deteriorate.

Related Corporate Objective: *Reference to corporate objective that this paper refers to.*	Strategic aim 1 – provide outstanding quality of care
Related CQC Standard: *Reference to CQC standard that this paper refers to.*	All CQC standards

Equality Impact Assessment (EIA): Has an EIA been carried out? (Yes)
If yes, please provide a summary of the key findings

If no, please explain you reasons for not undertaking and EIA.

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

Who is responsible for this service / function / policy?
Chief Nurse and Director of Operations, Medical Director

Describe the purpose of the service / function / policy?
To improve patient safety, patient experience and patient outcomes

Are there any associated objectives?
There are a variety of associated objectives relating to this subject

1.4 What factors contribute or detract from achieving intended outcomes?

Lack of staff awareness, poor compliance of trust policies and procedures.

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
The function is aimed at improving the care for all of our patients

1.6 If yes, please describe current or planned activities to address the impact.

1.7 Is there any scope for new measures which would promote equality?

1.8 What are your monitoring arrangements for this policy/ service

1.9 Equality Impact Rating   [low,]

2.0. Please give you reasons for this rating