REPORT TO THE TRUST BOARD

Paper Title:	Quality Report
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Purpose:	To update the Board regarding the key Initiatives and Actions being undertaken to improve the Quality of care for our patients
Action required by the board:	For information
Document previously considered by:	Full reports on these topics will be presented and have been considered at a number of internal Trust committees.

Executive summary

1. In relation to Infection Control performance the Trust has reported one case of MRSA bacteraemia against a Zero avoidable case threshold, and six cases of C Difficile to the end of May 2014. The HAI taskforce group remains a key forum to discuss the Root cause analysis for each of the cases and to ensure that appropriate action is taken following the completion of the analysis.
Further guidance has been received regarding Carbapenemase Producing Enterobacteria (CPE) to support implementation of the toolkit within acute Trusts. This will be used to support conclusion of the development of the protocol for SGH at the end of June.

2. The report indicates the overall trend within serious incident performance. The trend analysis indicates three key themes namely nasogastric Tube Insertion, pressure ulcer profile and the follow up of patients requiring treatment. Significant focus is being placed on these areas in relation to training and support in clinical practice. There have been no further incidents relating to NG tube insertion since the middle of February 2014.

Progress in relation to the level of harm resulting from pressure ulcers continues to be made, and in addition the total number of grade two pressure ulcers. This is encouraging however focus will remain to address issues in relation to the deteriorating of existing pressure ulcers both within the community and acute settings.

3. Harm free care results remain positive with the Trust performing above the national average. Particular focus is now being placed on the assessment and recording of the VTE profile and supporting individual clinical areas where there are concerns about the safety thermometer findings to support actions required in practice.

4. The Trust has published for the first time its profile using the National Safe Staffing Template. This builds on work that has been undertaken over a period of time including an Establishment review of Nurse and midwifery Staffing within the 49 inpatient areas at St Georges and Queen Mary sites. Key points of note:

- Assurance has been sought from the Divisions in relation to the Clinical areas regarding

local escalation for staff and systems for monitoring the safety and quality of services.

- There is a safe staffing policy which is already embedded within the Trust with an escalation process as a key safeguard to ensure appropriate staffing for each clinical area.
- The data is drawn from the E rostering system and completion of the temp plate has indicated that there is further housekeeping work to be done in relation to how the E rostering system is used.
- There are some limitations in terms of how the data is presented with the temp plate which we will continue to address through our internal QA process.
- Work continues at pace to implement the recommendations from the establishment review which were agreed by the board in May 2014.

5. The report indicates the complaints profile in terms of performance for this month. This continues to be a cause for concern. Strong focus remains on improving Divisional performance in relation to response times, and ensuring that learning from complaints is secured.

6. The report indicates the findings of the National Emergency Laparotomy Audit which indicate a mixed position with SGH achieved some standards but areas where further work needs to be undertaken to understand issues and actions for areas of non-compliance.
A position statement regarding the National Diabetes audit is also provided for the Board.
Audit findings in relation to Protected Mealtimes highlighted positive practice in assisting patients at mealtimes, and a stronger imbedding of protected mealtime within the ward areas. There is still further work to be done but the trend is encouraging.
Similarly the WHO checklist audit indicates a similar profile to the previous audit with the exception of the Medicine and Cardiovascular Division. The care group's leads are leading the response to these findings.
The Venous Access Device care audit shows an improved overall position since 2013 but identifies gaps for further action.

7. The Trust Position for compliance against NICE guidance continues to improve with the backlog of outstanding responses decreasing.

8. The mortality data presented within the report is unchanged from the May 2014 report.

Recommendation

The Board is asked to receive the report as assurance about actions being taken across patient safety, experience and outcome domains to ensure the Quality of patient care.

Key risks identified:
Complaints performance which continues to be a cause for concern.

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, 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**				