

REPORT TO THE TRUST BOARD - 29 May 2014

Paper Title:	Quality Report
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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 30 cases of C.diff (2013/14) and 3 cases in April
2. There have been 6 MRSA blood stream infections attributed to the trust so far this year in 13/14. There is a question about a 7th case which is currently in the appeals process. There have been no MRSA blood stream infections so far.
3. The report gives a comprehensive overview of themes arising from serious incidents and notes a rise in the numbers reported.
4. The trust wide strategy to improve pressure ulcer prevention remains in place. More details will be included on the next board report (July).
5. Persistence with continued scrutiny of the use of the early warning score shows an overall improvement which is important in the recognition of deteriorating patients.
6. In March 1,456 patients were included on the monthly Safety Thermometer audit. 95.6% of these patients were 'harm free' which is the highest percentage to date and exceeds the national target of 95%.
7. The trust failed to meet the required CQUIN trajectory of 20% of eligible patients responding to the Friends and Family test in 13/14 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 March. In 2013/14 there was a 31% increase in the number of formal complaints received. Response rates are also a cause for concern.
9. The report includes the results of three different patient experience surveys: adult inpatient (CQC), day case surgery (voluntary), carers of people with dementia (CQUIN).
10. The trust summary hospital-level mortality indicator (SHMI) was published for the period October 2012 to September 2013. The score of 0.78 is categorised as lower than expected. The hospital standardised mortality ratio is also significantly better than expected. St George's is one of 13 trusts identified as a 'repeat outlier' as our mortality rate has been 'lower than expected' for 2 consecutive years.
11. Significant progress has been made over recent months in establishing the implementation status of NICE guidance within the divisions.

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, 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