

**REPORT TO THE TRUST BOARD 31 JULY 2014**

<b>Paper Title:</b>	Quality Report to the Board for Month 3- June 2014
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<b>Purpose:</b>	To inform the Board about Quality Performance for Month 3.
<b>Action required by the board:</b>	To note the report and key areas of risk noted.  To feedback regarding the format of the report to support further development.
<b>Document previously considered by:</b>	
<p><b>Executive summary</b></p> <p>The Board is asked to consider a revised Quality report format which is designed to support an ability to view high level performance, review specific areas of performance at Trust/ Divisional level and to also view some indicators at ward level. New indicators included which the board will note are safeguarding performance and falls performance.</p> <p>The section regarding patient experience has also been reviewed to include a greater emphasis on learning from complaints and patient stories.</p> <p>The revised format will continue to be developed to strengthen indicators regarding community services, workforce where relevant and encompass areas such as Dementia, Learning disabilities performance and End of Life Care.</p> <p>Key Points of Note for the Board from the June Performance:</p> <p><b>Effectiveness Domain:</b></p> <ul style="list-style-type: none"> <li>• Mortality and SHMI performance remains strong for the Trust.</li> <li>• The Consent Audit undertaken in Q4 of 13/14 indicates that there is a mixed profile in terms of completeness of documentation and limited progress since the last audit. Divisions are required to come back to the Patient Safety Committee in 3 months' time to outline actions they are taking and how this is evidenced.</li> <li>• There is good sight of the profile for NICE compliance within the Trust, further work is being undertaken to fully understand the risk profile associated with guidance where the Trust is not compliant.</li> </ul> <p><b>Safety Domain:</b></p> <ul style="list-style-type: none"> <li>• The trend for Serious Incidents has been relatively consistent since March 2014, however of note the rate of serious Incidents has moved from 10 per 100 days in June 2013 to 23.3 in June 2014. Analysis of this trend has not indicated any key clusters up to Mar 2014. Focus has also been placed on strengthening the reporting culture which it is believed has driven some of the increase.</li> <li>• Since April 2014 there has been a cluster of 6 incidents relating to failure to act on Adverse Test results. In response to this the Medical Director is leading a formal review</li> </ul>	

which includes a themed review of all of the cases, a gap analysis of the current framework to implement any immediate action. In addition review and focus on the work being undertaken to move to an electronic system for the review of test results to ensure that the work flows established are appropriate.

- There is an improving position regarding Safety Thermometer performance however the Trust is not meeting the revised increased national standard of 95% harm free care. Whilst the level of non-compliance is small focussed work streams will continue to improve performance i.e. pressure ulcers, falls and VTE assessment.
- The Trust has now reported 2 MRSA bacteraemia cases and 11 C-Difficile to the end of quarter 1. Focus is being placed on existing actions within the Trust i.e. hand hygiene compliance, antibiotic prescribing and prompt isolation. The profile will continue to be closely monitored and Divisions have been requested to closely review their performance and audit compliance within local clinical areas. Infection Control Training compliance rates are currently at 60% and need to be increased.
- Safeguarding Adults activity across Paediatrics and Adults is significant. The Trust has checked that appropriate policies are in place following publication in June 2014 of the inquiry Into Jimmy Saville and his involvement with the NHS. The check concluded that there were appropriate arrangements in place for Visitors attending the Trust. It is anticipated that following publication of the final 4 NHS Organisation reports where Jimmy Saville was involved, it is likely that there will be a requirement to undertake a more formal review process.
- The Training profile for Safeguarding Children remains a risk given the activity profile, and number of SCR cases that the Trust is involved with across a number of boroughs. Focus is being placed on further action to improve training compliance particularly at level 3.

#### **Experience Domain:**

- The Patient Stories within the Board report highlight some positive experience from two patients who have both experienced life changing injuries and have been brought to the Trust as trauma patients. They wanted to share their experience and it is encouraging to see this as described. Comments from NHS Choices have also been included to reflect the experience within the outpatient and Emergency Department settings reflecting the challenges and actions that the Divisions have outlined within the body of the report.
- FFT performance has improved notably within the ED department. We now need to sustain the improvement, but this step change has supported the achievement of the CQUIN in Quarter One.
- The Complaints performance remains a cause for concern with a plateau in performance relating to response times. Within the next quarter a review will be undertaken to address the effectiveness of Divisional Approaches and to understand additional actions which need to be put into place i.e. to prevent formal complaints being generated in high volume areas. An example being issues with communication in Therapies and Trauma and Orthopaedics.
- The report highlights work being undertaken within the Divisions to capture learning from complaints and service improvement initiatives arising from complaints.
- Complaints where the category was rated as severe have been linked with the serious incident process to ensure appropriate learning and actions have been taken.

#### **Well Led Domain:**

- The second safe staffing return is included for all inpatient areas. The average fill rate

for the Trust is 90.1% across these areas, an improvement from May of 87%. It must be noted that the process continues to be strengthened in terms of data Quality assurance with the temp-plate. The return is viewed alongside the Trust information for staffing alerts (Red Flags) which has been implemented across the Trust, and Trust Bank information about the temporary staffing profile and fill rates.

The Quality report contains the first version of the ward scorecard, the KPI framework will be further strengthened with an Increase in workforce and safety indicators. This initial scorecard has been circulated to Ward managers to be used alongside the information that can access from the Rate system regarding audit performance and patient feedback about discharge arrangements. Where quality inspections have occurred within individual clinical areas this information can be triangulated to provide an overall picture of the area for the local team and support actions that need to be taken such as placing an area in supportive measures or equally highlight where practice needs to be celebrated.

The nursing board will seek assurance about actions Divisions are taking in response to this information each month.

Within the board report it is anticipated that the information will be presented as a trend for individual clinical areas.

Further work will be undertaken to understand how we can strengthen the KPI framework for Community service areas.

**Key risks identified:**

Complaints performance (on BAF)

Infection Control Performance (on BAF)

The profile regarding the failure to act on clinical test results arising from serious incidents.

Safeguarding Children Training compliance Profile

**Related Corporate Objective:**

*Reference to corporate objective that this paper refers to.*

**Related CQC Standard:**

*Reference to CQC standard that this paper refers to.*

**Equality Impact Assessment (EIA): Has an EIA been carried out?**

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