

REPORT TO THE TRUST BOARD AUGUST 2014

Paper Title:	Quality Report to the Board for Month 4- July 2014
Sponsoring Director:	Jennie Hall- Chief Nurse/ Director Infection Prevention and Control Ros Given- Wilson- Medical Director
Authors:	Jennie Hall- Chief Nurse/ DIPC Ros Given Wilson- Medical Director Matt Laundry- Infection Control Lead Corporate Nursing Team Trust Safeguarding Leads
Purpose:	To inform the Board about Quality Performance for Month 3.
Action required by the board:	To note the report and key areas of risk noted. To feedback regarding the format of the report to support further development.
Document previously considered by:	

Executive summary

This is the second Quality report using the new format. Comments previously received from board members have largely been incorporated with a couple of elements being finalised for the September report. 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.

Key Points of Note for the Board in relation to the July Performance:

Effectiveness Domain:

- Mortality and SHMI performance remains strong for the Trust.
- The National Audit for Head and Neck Cancer indicates strong performance for the majority of indicators with an action plan in place for indicators relating to the CNS role.
- The National Cardiac arrest audit indicates the findings for the Trust and actions being taken following the audit.
- 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.

Safety Domain:

- The trend for Serious Incidents indicates a rise in July however there is further investigation work to be done regarding the individual incidents. As previously reported to the board analysis of the SI 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.
- Within July there were a further 4 reports relating to acting on test results. Last month it was reported that 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 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.

- It has also been reported that work is being done to undertake a themed analysis of Deaths in Custody at HMP Wandsworth. The outcome of this review will be reported to the board once completed,
- Safety Thermometer performance slightly decreased in the Month with the number of old pressure ulcers being reported increasing. 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 pressure ulcer profile for July saw a sharp decrease in performance from 2 reported in June to 11 in July. A deep dive review is now being undertaken within the community service to understand what may be driving this performance. The RCA analysis has yet to be completed to understand if the ulcers were avoidable or unavoidable.
- The Trust has now reported 3 MRSA bacteraemia cases and 1 C-Difficile to the end of July. 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 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 two differing experiences of care. One relates to a patient who was receiving fundamental care by one of the Trust staff. The summary indicates how an absence of compassion affected the patient concerned. Very clearly a completely unacceptable standard of care. The second a positive experience the patient received following cardiac surgery throughout her 3 week stay.
- The improved FFT performance in terms of response rates within ED department was sustained in July. The findings from the FFT indicated a lower satisfaction score, this mirrored with a higher than number complaints reported for ED within July. Work is now being undertaken in the department to ensure learning from the complaints. Work is now focussing on achievement of higher reporting levels and roll out of the FFT programme to additional clinical areas. The Board will also note the new national guidance which has been received and will be implemented in accordance with the timetable.
- The Complaints performance remains a cause for concern with a plateau in performance relating to response times. Of note within July are the rise in complaints relating to the ED department and the outpatient function.

Well Led Domain:

- The third safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 90.4% across these areas. 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. Information about the safe staffing alerts is now included within the report with a total of 3 alerts for June and an un-validated total of 8 for July.

Ward Heatmap:

- The Quality report contains an updated version of the ward scorecard, the KPI framework has been strengthened with falls and serious incidents now included. The vacancy factor and turnover will be included for the September report, in addition ongoing review of the thresholds being used.
- Aside from strengthening the indicators within the score card work will now focus on the triangulation of this information alongside other information that ward managers 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.
- In addition devising an escalation system for individual areas where the Quality information indicates an area is experiencing problems and intervention is needed such as placing an area in supportive measures. We will also ensure that we highlight where practice needs to be celebrated.
- The quality report provides some Divisional background information where areas have been flagged.
- Further work will be undertaken to understand how we can strengthen the KPI framework for Community service areas for the September report.

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