

REPORT TO THE TRUST BOARD

Paper Title:	Quality Report to the Board for Month 5- August 2014
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Purpose:	To inform the Board about Quality Performance for Month 5.
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:	
<p>Executive summary</p> <p>The revised format will continue to be developed to strengthen indicators regarding community services, maternity 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 in relation to the August Performance:</p> <p>Effectiveness Domain:</p> <ul style="list-style-type: none"> • Mortality and SHMI performance remains strong for the Trust. • The Sentinel Stroke for the period January to March 2014 indicates a combined score of D for the service consistent with the previous quarter. This not as positive a score as for other London centres. HASU capacity remains the biggest barrier to achieving a higher rating as a key driver is the placing of patients for 90% or longer within the HASU and stroke units. Challenges with the repatriation of patients to other Trusts is impacting on the Trusts ability to deliver this percentage of time. The report indicates a number of actions that the Directorate have taken and an unconfirmed score for the period April to June 14 is B. Actions to address the repatriation of patients continue. • The NEWS audit indicates a variation in performance across the Trust but no key areas of risk. The audit findings will be reviewed alongside other Quality indicators for the clinical area. Actions are highlighted within the report. • 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. <p>Safety Domain:</p> <ul style="list-style-type: none"> • The SI profile for August did not indicate any key trends. There were no more SI reports relating to the failure to act on tests. • As previously reported to the Board the Medical Director is leading a formal review into a number of incidents related to the failure to act on results. This work programme 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.

- The Board report this month highlights a summary of the Offender Health Service at HMP Wandsworth. There has been a considerable work programme undertaken to improve the quality of service provision and external reviews indicate progress. However there are some risks within the service principally around the current vacancy factor and some aspects of clinical care. Recruitment to this area is complex in terms of availability of skilled staff but additionally the recruitment processes required for staff working in this setting. Information about the Serious Incidents will be provided to the board once the themed analysis of the incidents has been completed.
- Safety Thermometer performance slightly increased in the Month with the number of old pressure ulcers being reported increasing. Focussed work streams will continue to support improved performance i.e. pressure ulcers, falls and VTE assessment.
- The pressure ulcer profile for August was similar to July in terms of numbers but the board will note the changes across the community and acute settings. A deep dive review has already been completed within the Surgical Division where a number of the Ulcers occurred and actions are being taken forward. A deep dive review is now to be 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 19 C-Difficile to the end of August. 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 response rate for FFT declined in August across 2 areas so focus will need to continue to ensure the Trust achieves a strong response rate and delivery of associated CQUINS. In addition we are now focussing on ensuring there is learning from the comments given alongside the complaints/ compliments information, a themed analysis will be available in October.
- The Complaints performance remains a cause for concern with a plateau in performance relating to response times. However the detailed information indicates that there is an improvement beneath this performance in addressing the most outstanding complaints with the biggest outlier now Surgery/ Neurosciences Division. The Division is required to address this by the middle of October. Work on progressing the action plan presented to the Board last month continues, a complaints manager is also now in post providing greater corporate capacity.
- A brief summary of the Trusts position in relation to the New Nutritional standards has been included for the Board. The Trust has a Nutritional Strategy programme in place, the programme will take forward any actions that are required to ensure that the Trust meets all standards consistently.

Well Led Domain:

- The third safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 89.3% 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.

- Work has commenced regarding the recruitment of staff to address the current turnover profile, reduction of vacancy factor to 10%, the establishment review and additional capacity. The numbers of registered staff required are significant over a 12 month period so a central programme is in place to coordinate activity in relation to Nursing/ Midwifery recruitment and retention activity to supplement existing Divisional activity.

Ward Heatmap:

- The Quality report contains an updated version of the ward scorecard, which now includes sickness and vacancy factors in the KPI framework. We have now have 3 months of data available so work will now focus on:
- Reviewing the KPI thresholds in terms of RAG status
- 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.
- Developing the active use of this information by clinical teams to support actions being taken at a local level to address any areas of concern.
- As a priority devising and implementing 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.
- To 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 October 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