

REPORT TO THE TRUST BOARD

Paper Title:	Quality Report to the Board for Month 6-September 2014
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Purpose:	To inform the Board about Quality Performance for Month 6.
Action required by the board:	To note the report and key areas of risk noted.
Document previously considered by:	
<p>Executive summary</p> <p>The revised format continues to be developed; it now includes the first indicator dashboard regarding community services. Work will now focus on the development and identification of Quality performance trends within the report. This month the report also includes a brief update about the end of life care programme.</p> <p>Key Points of Note for the Board in relation to September Performance:</p> <p>Effectiveness Domain:</p> <ul style="list-style-type: none"> • Mortality and SHMI performance remains strong for the Trust. In September the Trust received a CQC mortality outlier report for CABG (other). A signal for this group had been identified by the Trust in January of this year and work was already well underway to review individual cases. This work has now been concluded with the review indicating that there were no consistent factors or systematic care issues. Confirmation has been received from the CQC that no further action is needed. • The sepsis audit has indicated some areas for improvement which the Emergency Department team have taken forward as indicated within the report. • The Trust Healthcare Records Audit undertaken in Quarter two has highlighted the requirement for measures around access to use of patient identification markers (stickers/ labels). Whilst paper based systems remain in place the current gaps are being addressed but the findings are also being fed into the ICLIP programme to ensure that the gaps are addressed within the longer term electronic solution. • 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 September did not indicate any key trends however a never event was reported during this period, the never event was a retained swab within Maternity services which is being investigated. All of the Serious Incidents are subject in panel review, with the trends for adverse incidents indicating that the numbers are decreasing whilst a small rise in extreme incidents has been seen reflecting the SI profile. As previously reported to the board the themed review into serious incidents within offender healthcare continues in light of the profile for Deaths in custody. • As previously reported to the Board the Medical Director continues to lead 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.

- Safety Thermometer performance slightly deteriorated in the Month with the number of new and 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 September showed improvement in terms of harm but numbers of ulcers at grade 2 increased. 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 will be undertaken in November within the community service to understand what may be driving this performance. Members of the Trust Tissue Viability team have also visited three care homes within the Borough to gain a stronger understanding of the issues being faced within that setting and what support the Trust may be able to offer. 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 22 C-Difficile to the end of September. 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 still 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 again in September indicating a requirement for us to review our approach 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 now be available in November.
- Work in relation to End of Life Care has now been commenced involving the Palliative Care Team and a wider network of clinicians. The Board Leadership for End of Life Care is provided by the Chief Nurse who is the SRO for the programme of work going forward. Updates will be provided to the Board in relation to progress and any key risks to the programme during Quarter Four.
- The report contains a summary of Quarter two Complaints performance both in relation to the learning from complaints and response time performance. In relation to hot spots for complaints the table on page 28 indicates these are outpatients where an improvement programme is in place addressing a range of areas including the management of capacity, the environment and customer care. In addition the Directorate of surgery where the board will note the range of areas that these complaints cover. The report highlights the Division has introduced communication courses and is proactively addressing behaviours described within complaints. The Complaints report highlights work programmes that the Divisions and corporate services have in place to ensure learning from complaints and to reduce complaint levels.
- Complaints response performance remains a cause for concern, the trajectories described by the Divisions will be performance managed during the remaining quarters for 2014/15 to ensure delivery as described.
- The severity of the complaints received in Q2 is also indicated, and to confirm all red

complaints are flagged to the Chief Nurse and relevant Divisional team upon receipt.

- A summary of the findings of the Carers survey for Patients with Dementia is included in the report. It is a small sample, but reflective that carers are feeling involved in the process of care, but there is room for improvement in relation to the signposting of information and information provision for families.

Well Led Domain:

- The third safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 90.85% 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 4 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.

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