

REPORT TO THE TRUST BOARD

Paper Title:	Quality and performance Report to the Board for Month 7- October 2014
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Purpose:	To inform the Board about Quality and Operational Performance for Month 7.
Action required by the board:	To note the report and key areas of risk noted.
Document previously considered by:	Finance and Performance Committee Quality and Risk Committee

Executive summary

The revised format continues to be developed; this is now the first combined Quality and Operational Performance report. .

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

Performance

The trust is performing positively against performance indicators as per NTDA and Monitor regulatory frameworks. The trusts self-assessment shows a quality score of 4 against NTDA accountability framework which signifies that no intervention is required and shows a quality governance score against Monitor risk assessment framework of 1 which is 'Amber-Green'.

There are a number of performance indicators which have underachieved. This report details reasons why targets have not been met, remedial actions being undertaken and forecasted dates for when performance is expected to be back within target.

Quality

Effectiveness Domain:

- Mortality and SHMI performance remains strong for the Trust. St Georges is one of 17 Trusts whose SHMI is lower than expected, and the Trust has been recently named as having a lower than expected mortality for two consecutive years. Mortality for weekend emergency admissions is also strong.
- National publication of Consultant outcome data across 9 specialities indicates a positive picture in relation to patient outcomes both in relation to Trust speciality and individual clinician level within the specialities.
- The national hip fracture database audit has indicated that SGH performance is strong in relation to two patient outcome measures however there are a number of process measures which are poor. Of note the increased in activity of 25% during 2013 due to our

Trauma centre status. Work is underway to address the actions required and it is anticipated that an additional orthogeriatrician will be in post in March 2015.

- The London Ambulance Service Cardiac Arrest Audit covers out of hospital cardiac arrest across London. Of note SGH received the highest numbers of patients overall, the highest number with ROSC of whom 42.6% survived to discharge. This is a positive indicator of the pathway which is in place and additional figures relating to rapid access to PCI indicates that for patients coming to SGH there is a higher than average survival rate.
- 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 SI profile for October did not indicate any key trends.
- The report includes a 6 monthly review of closed Serious Incidents for the period April to September 2014. The numbers of General Sis are rising in contrast to previous trends. The numbers of pressure Ulcer Sis has decreased from a peak in April 2013. Clusters of serious incidents are identified which have previously been reported to the board i.e. acting on test results, deaths in custody and incidents involving NG Tubes.
- The report highlights themes from SI 's and these are now being evaluated to inform existing safety work programmes and to understand if further action is needed.
- 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 remained slightly below national performance in the Month with the number of new and old pressure ulcers being reported decreasing but a higher number of CAUTI infections observed (Cather related infections). Focussed work streams will continue to support improved performance i.e. pressure ulcers, falls and VTE assessment.
- The pressure ulcer profile for October showed some deterioration from the September position improvement in terms of harm with numbers of ulcers at grade 2 static. As previously reported to the board 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 similar review has now also been completed within the community service to understand what may be driving this performance. Actions arising from this are indicated in the report. 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 25 C-Difficile to the end of October. 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.
- 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 October confirming the requirement for us to review our approach to ensure the Trust achieves a strong response rate and delivery of

associated CQUINS. Key themes arising from the FFT survey include noise at night, involving patients in discharge and improving information around medication. Again work streams are already in place in relation to these issues but the findings will be used to refresh the work programmes where required.

- The complaints summary indicates performance for response rates remains below target. Performance management is in place to deliver a sustainable performance in Quarter four, and Divisions have moved to a weekly oversight process. The report includes the complaints action plan with a summary of progress against the key objectives.
- This month the Quality Section contains a summary of the National Cancer Patient Experience programme. The Trust was named as one of the 10 most improved Trusts in relation to this survey indicating positive progress across a range of indicators a testament to a number of staff who were committed to improve the quality of the patient experience. Out of 10 categories there was improvement in seven with 3 (catering, Macmillan Nurse and Service /System) needing further improvement. There is a breakdown by Tumour Group and work has commenced in response to the survey. Oversight of the work will be undertaken by the Cancer Clinical Directorate. The Trust has also been invited and agreed to participate in a new national initiative from NHS IQ aimed at encouraging shared learning and peer to peer support between Trusts. It will involve 12 Trusts across England.

Well Led Domain:

- The third safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 91.1 % across these areas. 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 Heat map:

- This report contains Divisional Analysis for Quarter 2 ward heat maps. There is further development being undertaken to provide scorecards at Divisional level for the inpatient Divisions similar to the community Dashboard.
- Work also continues in relation to the following areas:
- 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.

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

<i>refers to.</i>	
Equality Impact Assessment (EIA): Has an EIA been carried out? If no, please explain you reasons for not undertaking and EIA. Not applicable	