

REPORT TO THE TRUST BOARD

Paper Title:	Quality and performance Report to the Board for Month 8- November 2014
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Purpose:	To inform the Board about Quality and Operational Performance for Month 8.
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
<p>Executive summary The timeline between the November and December meetings has resulted in an inability to report all elements. Those not within this report will be captured within the Month 9 Report.</p> <p>Key Points of Note for the Board in relation to November Quality Performance:</p> <p>Performance</p> <p>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'.</p> <p>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.</p> <p>Effectiveness Domain:</p> <ul style="list-style-type: none"> • Mortality and SHMI performance remains strong for the Trust. The most recent 12 month period (September 2013 to August 2014) has been rebased nationally. The result of this is that the HSMR has risen slightly. Dr Foster is reviewing this approach going forward. Of Note following the rebasing St Georges continues to have mortality lower than expected across weekend and weekday emergency admissions. • The results of the National Epilepsy Audit are included in the report. The Trust results are largely in line with the national average for 11/12 indicators with the remaining indicator reflecting data collection challenges. An action plan has been developed to address the audit findings. • The report indicates the position with compliance with NICE guidance and the action being taken to decrease the number of outstanding items. 	

Safety Domain:

- The SI profile for November did not indicate any key trends.
- Safety Thermometer performance decreased slightly from October performance and below national performance in the Month with the number of new pressure ulcers being reported decreasing, but an increase in old ulcers. Focus will be placed on the validation of VTE data as this may have contributed to the decrease in overall performance. Focussed work streams will continue to support improved performance i.e. pressure ulcers, falls and VTE assessment.
- The pressure ulcer profile for November was consistent with the October position in terms of grade 3 and 4 ulcers with a second month of reduction in grade 2 ulcers. As previously reported to the board a deep dive review has already been completed within both the Surgical and Community Divisions where a number of the Ulcers occurred and actions are being taken forward. The actions include training, use of safety approaches such as “hotspots” to raise awareness and roll out of preventative strategies. 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 26 C-Difficile to the end of November. 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 slightly in November from 23.7% to 23.5% confirming the requirement for us to review our approach to ensure the Trust achieves a strong response rate and delivery of associated CQUINS.
- The complaints summary indicates performance for response rates remains below target but some improvement within the Surgery and Neurosciences Division. Performance management is in place to deliver a sustainable performance in Quarter four, and Divisions have moved to a weekly oversight process.
- The total number of complaints in November decreased from 107 in the previous month to 68. No conclusion can be drawn from a single month but the board will note the reduction in complaint numbers across a range of areas where focussed intervention work has been undertaken following earlier complaints.

Well Led Domain:

- The third safe staffing return is included for all inpatient areas. The average fill rate for the Trust is 90.7% 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:

The Heatmap for the December report is not available at the time of writing this report however it will be included in the January report.

<p>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</p>	
<p>Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i></p>	
<p>Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i></p>	
<p>Equality Impact Assessment (EIA): Has an EIA been carried out? If no, please explain you reasons for not undertaking and EIA. Not applicable</p>	