

## Board of Directors

## Meeting

## Report

**Subject:** Quarterly Quality & Safety Report  
**Date:** Thursday 30<sup>th</sup> April 2015  
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**Lead Director:** Susan Bowler – Executive Director of Nursing & Quality  
Dr Andrew Haynes – Executive Medical Director

### Executive Summary

Within the 2013/14 Quality Account, the Trust agreed a number of key quality and safety priorities that would be achieved over the forthcoming year; the priorities were drawn from 3 core documents namely: the Quality and Safety Strategy, Patient Experience and Involvement Strategy and Organisational Development Strategy. This quarterly report provides an overview of progress against these priorities, highlighting areas where significant improvements have been made and those that require further support to achieve identified outcomes. This report should be read in conjunction with the Quality Improvement Plan

From a mortality perspective we have received data from Dr Foster pertaining to our performance in December 2014, this has demonstrated a reduction in our HSMR. We have seen an increase in our crude mortality rates and this is related to mortality within a frail and elderly patient group over the winter period. From an assurance perspective we have recently received a visit from the Medical Director at Derby who has confirmed from our case note reviews that we had no avoidable deaths in the reporting period

Our falls resulting in harm has marginally increased to 1.82 against a target of <1.70 per 1000 occupied bed days. We have implemented many changes over 2014/15 but are failing to see the reduction we anticipate. We have contacted NHS England to signpost us to an organisation that has been more successful in falls management.

We are pleased to say that we have achieved our Inpatient Family and Friends (FFT) response target for March 2015 – **53.2%**.

Unfortunately we experienced 4 Grade 3 Pressure Ulcers during Q4. This was very disappointing as we have seen fantastic results for hospital acquired pressure ulcers over this year. **There have been no Grade 4 Pressure Ulcers reported in the last 2 years**

The Safety Thermometer is continuing to demonstrate excellent results for those patients in our care. **98.53% of Sherwood Forest Hospital patients were receiving harm free care during Q4.** We have also contributed and observed excellent results within the Medicine Safety Thermometer

We have failed our C difficile target for the year with 67 cases against a target of 37 . We have sought the support of our health community partners to help identify solutions.

**Recommendation**

The Trust Board is asked to discuss the contents of this report and note the improvements that are being made in relation to a number of quality priorities, however to be aware there are still areas that are receiving focused attention to ensure improvements are maintained and driven further

<b>Relevant Strategic Objectives (please mark in bold)</b>	
<b>Achieve the best patient experience</b>	Achieve financial sustainability
<b>Improve patient safety and provide high quality care</b>	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

<b>Links to the BAF and Corporate Risk Register</b>	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5 Mortality on corporate risk register
<b>Details of additional risks associated with this paper</b> ( <i>may include CQC Essential Standards, NHSLA, NHS Constitution</i> )	Failure to meet the Monitor regulatory requirements for governance- remain in significant breach. Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety
<b>Links to NHS Constitution</b>	Principle 2, 3, 4 & 7
<b>Financial Implications/Impact</b>	Potential contractual penalties for failure to deliver the quality schedule
<b>Legal Implications/Impact</b>	Reputational implications of delivering sub-standard safety and care
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	This paper will be shared with the CCG Performance and Quality Group.
<b>Committees/groups where this item has been presented before</b>	A number of specific items have been discussed; Clinical Governance & Quality Committee, Falls Steering Group and Mortality Group
<b>Monitoring and Review</b>	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes
<b>Is a QIA required/been completed? If yes provide brief details</b>	No

