

TRUST BOARD IN PUBLIC		Date: 29th September 2016	
		Agenda Item: 2.3	
REPORT TITLE:		Safety & Quality Committee Update	
EXECUTIVE SPONSOR:		Richard Shaw Chair Safety & Quality Committee	
REPORT AUTHOR (s):		Richard Shaw Chair Safety & Quality Committee	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		n/a	
Action Required:			
Approval ()	Discussion ()	Assurance (✓)	
Purpose of Report:			
To provide an update of the activities of the safety and quality committee.			
Summary of key issues			
The report provides a summary of the key agenda items which were discussed at the Safety and Quality Committee in September 2016. In addition to standing items, these included presentations on Falls and Referral to Treatment Times, and reports on CQUINs and the annual programme for infection prevention and control.			
Recommendation:			
N/A			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO1: Safe -Deliver safe services and be in the top 20% against our peers SO2: Effective - Deliver effective and sustainable clinical services within the local health economy SO3: Caring – Ensure patients are cared for and feel cared about			
Corporate Impact Assessment:			
Legal and regulatory impact	Compliance with CQC, MHRA and Audit Commission		
Financial impact	Serious incidents often become claims		
Patient Experience/Engagement			
Risk & Performance Management	Reporting, investigation and learning from serious incidents informs risk management		
NHS Constitution/Equality & Diversity/Communication			
Attachment:			
N/A			

Trust Board Report – 29th September 2016

Safety and Quality Committee (SQC) Chair's Report

The Safety and Quality Committee met on 1st September 2016. The Committee considered its standing items and sought assurance on a number of issues discussed at August meetings of the Executive Committee for Quality and Risk and CQRM. These included:

- **MRSA:** The Committee was briefed on the recent outbreak of MRSA on Capel Annex ward, which is the subject of a serious incident investigation. Good assurance was given that the causes are being thoroughly investigated. Issues being examined include the mix of medical and surgical patients on the ward as well as bedside treatment, cleaning, availability of side rooms and staff training. An action plan is being developed. The Committee will take an interest in the outcome of the review.
- **Reporting of dog bites and FGM:** The Committee received good assurance that cases involving children were being reported, as required, but sought further assurance about reporting of dog bites on adults who presented to the Emergency Department.
- **ECQRM:** The Committee was pleased to note a review of mortality led by the Medical Director; also steps being taken to relate data from legal cases more strongly to divisional improvement work.
- **CQRM:** Discussion had focused on the Trust's clinical performance, including ED Performance, RTT, Cancer, CQUIN, Sepsis and Discharge Summaries. No issues were escalated to the Single Performance Conversation.

We took good assurance from the handling of these issues.

Quality Report

The monthly Quality Report showed the Trust performing strongly across a range of indicators. Good assurance was provided that the performance data was triangulated in several different forums, while most of the top five issues identified by the monthly Quality Report are also showing good signs of improvement.

Referral to Treatment

SQC received an informative presentation on changes to the national measurement of RTT designed to facilitate better and more local response to the needs of patients.

Top 20% Safety

The Trust has set an objective of being in the top 20% of its peers nationally for safety. A presentation to the Committee proposed a way forward in defining how this could best be measured. While many individual indicators point to the Trust being in the top 20%, a more structured approach would involve developing existing benchmarking data to provide a quarterly assessment of overall quality. The Committee gave its encouragement to this approach, which involved a relatively modest extension of current work rather than a fresh start, and looked forward to seeing the outcomes of the work.

Falls

More than half of the serious incidents declared in the Trust relate to falls, and falls prevention is a key priority for the current year. Although falls per thousand patient bed days in the Trust are below the national average, the resulting level of harm is higher than the national average. A falls prevention group commissioned by the Chief Nurse has been reviewing a number of issues, including: practice and culture in other trusts that succeeded in reducing their rate of falls; recommendations from the 2015 national audit report on patient falls and from SI investigations; and environmental factors. The group has also reviewed the falls care bundle paperwork and is piloting a new approach in four wards starting in September. It was noted that completion of paperwork was generally good, but that cultural and human factors posed a different set of challenges, for example in managing patients who had difficulty in recognizing or acting on their own limitations. The Committee welcomed the review and the new appointment

of a Deputy Chief Nurse for innovation & Improvement who will have an important role in this area.

Infection Prevention Annual Report

The Committee received a very informative annual report on infection control and prevention and endorsed it for submission to the Trust Board for approval. Discussion focused on CDiff and the management of diarrhoea, which is also a SASH Plus workstream; on MRSA bloodstream infections; and on anti-microbial stewardship, which is one of this year's CQUINs. It was noted that while clinical services and estate had expanded, and that antibiotic stewardship and clinical microbiology expertise had also increased, the core IPCAS Team establishment had not expanded. This might present a risk, although it had not as yet been quantified, and the Committee asked for further assurance on this point.

CQUINs

A report informed the Committee of the CQUIN programme for 2016/17. Concern was expressed that some targets had yet to be agreed with CCGs, but we were assured that this was now imminent and discussions had taken place with CCGs about how to manage the first quarter of the year, which had already ended. SQC will receive regular reports on progress in delivering the CQUIN programme.

Clinical Audit

A report and discussion on the clinical audit programme gave good encouragement about management of the programme in 2016/17. But in view of the end of year position for last year, it was agreed that the level of assurance rating should remain amber for the time being.

Next Meeting

The next SQC meeting is at 2pm on 6th October.

Richard Shaw
Non-Executive Director
Chair of Safety & Quality Committee
September 2016