TRUST BOARD IN PUBLIC	Date: 26th January 2017 Agenda Item: 2.2
REPORT TITLE:	Safety & Quality Committee Chair Update
NON-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 January 2017. The main focus of the meeting was on the Trust's approach to caring for patients with dementia and to reducing patient falls. There was also discussion of winter pressures and of the outcomes of the deep dive into clinical diagnosis.
Recommendation:
The Board is asked to note the report.
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 – 26th January 2017
Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 5th January 2017.

Clinical Diagnosis

The Committee received a report on actions that had been taken in response to a deep dive on clinical diagnosis. The review had looked at diagnosis performance and processes as they were experienced across different services, including ED. A number of actions had been taken to improve processes. Discussion then focused on recruitment challenges in histology where there is a national shortage of skilled staff. The Trust is using a recruitment agent to help recruit from abroad, as they had successfully done for Radiology. The Trust was assured that the quality of interpretation was good, and that there had been no evidence of any clinical consequence from a failure with the communication of adverse blood test or pathology results either internally or externally. Nevertheless, the volume of work put pressure on staff capacity and the ability to meet turnaround times. The Committee took partial assurance from the report, noting that problems had been identified and an action plan to address them was being implemented, but that the actions had not yet led to faster turnaround times in diagnosis.

ECQR

The Committee welcomed discussions in ECQR to start preparing for a CQC inspection and the intention to involve NEDs in the discussions at an appropriate point. It was noted that no organization has yet achieved an assessment of Outstanding in patient safety, but that the Trust's aspiration is to be Good or if possible Outstanding.

Winter Pressures

The Committee received a verbal briefing on how the Trust was managing winter pressures. We heard that the pressures were significant, and that each day was starting with a considerable number of patients in ED requiring a bed. The Trust's performance against the ED target of dealing with 95% of patients within four hours had slipped to around 83%-85%; neighbouring Trusts' performance was as low as 60%-70%. While there was clearly a reduced quality of experience for patients during this very busy period, the committee was assured that there had been no evidence of adverse impact on patient safety. The Committee thanked staff for their hard work in a time of such pressure.

Dementia

The Committee received a presentation from the Lead Nurse for Dementia on the Trust's strategy for care of patients with symptoms of dementia.

We heard that of about 90,100 admissions to the Trust in a 12 month period, some 21,650 patients were aged 75+. Approximately 21% of these (4,540) were living with dementia, but only half (2,320) had been recorded as having dementia symptoms. A major focus of the strategy is to improve diagnosis by raising awareness of symptoms.

An impressive range of initiatives had been taken including establishing a steering group, training dementia friends, and embedding the Butterfly Scheme in outpatients and pre-admissions, as well as introducing open visiting and opening the Pendleton Unit and Courtyard Garden. Recognising the importance of partnership working with outside agencies, the Dementia Action Alliance has been formed to ensure continuity of care across community and acute care.

One of the biggest challenges was that of maintaining momentum and dealing with staff turnover to ensure that a high level of awareness is maintained across the Trust.

There was evidence of increased confidence among staff in dealing with patients with dementia, as a result of extending the dementia friends programme beyond clinical staff. The Committee took good assurance from the considerable amount of work that has been undertaken and indications of positive impact on patients. It requested however that appropriate metrics should be developed and a baseline of performance established to enable the impact of the strategy to be measured. It was agreed that this should be reported to ECQR in June with a view to subsequent presentation at SQC.

Falls

The Deputy Chief Nurse, who joined the Trust in November 2016, gave a presentation on her insights into the management of falls within the Trust.

She identified eight wards with the highest rate of falls per 1,000 bed stay days. These wards will be the initial focus of the falls project. A target has been set in these areas to reduce the rate of inpatient falls by 20% from the baseline in 12 months.

She will provide senior leadership and visibility, role modelling safe behaviours and engaging with all clinical staff to ensure ownership and accountability. An After Action Review (AAR) process will create a culture of learning rather than blame, and an environment where staff will feel comfortable to share experiences, best practice or concerns. A falls focus meeting will be established on the first Friday of every month, attended by representation of the multi-disciplinary team to develop and create a shared vision and purpose relating to falls prevention. All wards will be invited to attend.

One insight that was of particular interest was that patients ready for discharge, who believe they should be more self-sufficient, tend to be more at risk of falls. Other risks included ward transfers, where the patient's environment changes, the height of chairs or toilet seats and the availability of lights for nurses at night. In some cases the use of falls alarms may be helpful in increasing monitoring of patients who need to be in a side room and cannot be seen at all times. The committee was assured that accountability would apply within the after action review process.

The Committee took good assurance from the energy and rigour of the approach being taken 2017

Next Meeting

The next SQC meeting is at 2pm on 2nd February.

Richard Shaw
Non-Executive Director
Chair of Safety & Quality Committee
January 2017