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| TRUST BOARD IN PUBLIC | | Date: 23rd February 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) | | SQC | |
| 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 February 2017. The main focus of the meeting was on quarterly assurance reports covering patient experience, complaints, incidents, safeguarding of children and adults, falls and infection control. | | | |
| 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 | Included in the report | | |
| Risk & Performance Management | Reporting, investigation and learning from serious incidents informs risk management | | |
| NHS Constitution/Equality & Diversity/Communication | Included in the report | | |
| Attachment: N/A | | | |

Trust Board Report – 22nd February 2017 Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 2nd February 2017.

ECQR

The Committee received a summary report on the meetings of ECQR and its sub-committees in January. There followed an initial discussion of the Trust's implementation of the Duty of Candour. It was noted that litigation costs had risen significantly at SASH and in other Trusts, but that these costs should reduce with good process. There had been good progress in obtaining compliance with the new requirements, though the main difficulty was experienced in meeting the requirement for formal letter writing, especially where consultants met patients face-to-face. The Committee was assured that the issue was the subject of good scrutiny and audit. A formal report is on the Committee's agenda for March.

Quality Report

The Committee explored a number of questions arising from the monthly Quality Report, including:

- It was noted that one-to-one care in Labour data had dipped, and Clinical Effectiveness Committee was asked to look into the matter further and report back to SQC in April;
- Incidence of pressure damage tends to increase over the winter months, possibly due to increased activity levels in the hospital and increased comorbidities in patients. Patient Safety Committee was asked to consider the reasons for the increase and report back to SQC. It was noted that the single case of Grade 3 pressure damage was being investigated as an Incident.
- Good assurance was provided that the Trust responds proactively to patient feedback that is critical of staff and takes up the concerns directly with the staff involved.

Assurance Reports

Each quarter the Committee receives assurance reports from a range of services. The reports are now in a format which provides a succinct analysis of assurance, gaps in control and mitigating actions. The Committee welcomed the approach which enables us to gain an immediate insight into risk and assurance, but asked for two further improvements: a narrative box at the end of the form in which Executive Committees could provide their own overview of assurance or mitigating actions taken following their own reviews; and a simple means of assessing or grading the scale of risk posed by gaps in control. The following reports were received:

- Patient Experience: good assurance that issues brought to PALS or raised in other patient feedback lead to learning in divisions, with real-time monitoring of actions;
- Complaints: initial communication with complainants is improved and backlogs have been reduced. Good assurance that here remains a focus on further improvement.
- Incidents: Two CCG representatives at the meeting gave positive assurance of the quality of output from the Trust in investigating incidents. It was noted that focus needs to be maintained on non-serious incidents as well as SIs.
- Safeguarding of Children: There has been a 32% increase in reporting over the last 12 months. This was attributed mainly to better reporting as a result of training and awareness raising.
- Safeguarding of Adults: The main focus was on attempts to improve notification of DoLS activity to the Adult Safeguarding Team by other wards and departments. MAST training is being emphasized.
- Falls: The Committee had received a presentation on Falls at its January meeting and was given good assurance that the new initiative was being well supported. There was

an increased number of falls during January, but the Committee will track the success of the new approach over the coming months.

- Infection Control: Discussion focused on gaps in control relating to the fabric of wards, the limited availability of decontamination rooms and high levels of bed occupancy that make ward cleaning more challenging. Good assurance was provided about the Infection Control Team's attention to detail, but the high levels of activity and bed occupancy in the hospital do increase risks of infection.
- Clinical Audit: A report on clinical audit demonstrated a significant improvement in the clinical audit plan, with a realistic plan of priority audits for the year, a good completion rate across the divisions and good evidence of learning. This is an issue that SQC and Audit & Assurance Committee have raised previously, and we took strong assurance from the improvements made.

Board Assurance Framework:

The Trust's BAF contains the risk that it "will not meet its objective of delivering effective and sustainable care if it does not embed relevant research and education programmes that support the development of local services with the best outcomes". SQC therefore asked for reports on the Trust's approach to research and education to seek assurance on how the BAF risk was being mitigated. This was the first occasion on which this topic has been considered by SQC. It received good assurance of structured Trust-wide approaches in both areas. When the topic returns to the Committee in six months we will look for more evidence of themes and outcomes.

Next Meeting

The next SQC meeting is at 12.00 noon on Thursday 2nd March.

Richard Shaw
Non-Executive Director
Safety and Quality Committee Chair
February 2017