

Agenda item: 12/43

Report to:	Trust Board
Title of Report:	Safety and Quality Committee Assurance Report to Board
Date of meeting:	22 November 2016
Recommendation:	For information
Chairperson:	Professor Steven Barnett, Chair
Purpose	The report summarises the assurances received, approvals, recommendations and decisions made by the Safety and Quality Committee at its meeting on 22 November 2016
Background	<p>The Committee meets bi monthly and provides assurance to the Board on:</p> <ul style="list-style-type: none"> • Patient safety • Estates • Health & Safety • Serious Incidents/complaints/incidents • Patient experience
Business undertaken	<p><u>S&Q Performance Report</u></p> <p>The clostridium difficile reduction plan has shown an improvement in the number of reported cases since the outbreak in August. The lapse in care protocol has been agreed with the CCG and a panel was held in November. No lapses in care were agreed for 4 WHHT cases, written confirmation to remove from our current performance is awaited. Assurance gained from work that has been undertaken and improved performance.</p> <p>A detailed review of complaints response times was discussed around current performance. An improved performance in October, no reactivated complaints was seen in October for the first time in 12 months. Work on improving quality and processes have been undertaken as part of the 90 day programme. Triage of complaints, agreeing response times with complainants in 3 days is being implemented. New KPI's will be added to the Board IPR. A trajectory has been developed to monitor month on month performance. Further assurance sought by the committee.</p> <p>An increase in reported SI's was seen in October although no benchmark data a previous exercise done last year does not show this to be an outlier.</p> <p>A change in compliance has been seen in Duty of candour evidence</p>

since we reviewed the Trust processes. Evidence is captured on the Datix system which is being redesigned to ensure mandatory compliance. The SI team support divisions with investigations and capture duty of candour as part of this process. New process gives more assurance to meet compliance.

The committee discussed the improved performance on new harms (acquired in hospital) in October and work underway for catheter related infections.

The unmet need audit for critical care is just being completed and will be reviewed by CAG to advise the Executive. It is envisaged that this will support the management of mixed sex accommodation breaches with improvements towards the end of 16/17.

Safeguarding 6 monthly update report

Assurance given to the committee of the key achievements in the period to meet the safeguarding work plan. Also the dip sample audits programme to ensure policies and practice embedded.

Corporate Risk Register Quality & Safety Risk Report

The Committee noted the report and the four risks on the corporate register aligned to the committee.

Infection Prevention and Control/Hygiene Code Bi-annual Update Paper

The report gave assurance of compliance against the hygiene code apart from access to side rooms due to current estate and an electronic system for reviewing immunisation status. Mitigation is in place and they are entered on the risk register. The committee gained assurance from the report.

Medical Devices Annual Report

The report was noted by the committee and decisions required to be discussed agreed to take place at the medical devices meeting and quality safety group.

Neonatal External Review

The committee reviewed the updated action plan and the actions that are green or amber. Evidence is kept in a central repository and has been monitored through women's & children's governance process. Action plan format has been changed as discussed at the September meeting. Overview of evidence and changes in practice discussed and current audits underway to monitor embedding of changes in practice.

Further assurance on action plan sought and evidence to be reviewed outside of the meeting before presentation of completed action plan in March 17 committee.

Complaints, Litigation, Incidents, PALS & SI's (CLIPS) Report – Q2

The committee reviewed the report and the triangulation and the summary of lessons learnt.

The committee agreed the report for assurance and discussion at Trust Board in view of further assurance required on complaints performance.

Medicines Optimisation Report

The committee received assurance of the progress against the medicines optimisation strategy.

End of Life Care Annual Report

The Committee discussed the report and the assurance from the improvements in the national end of life care audit – dying in hospital for Watford General Hospital.

Quality Account – six month review

The committee were assured by the progress made against the quality priorities in the quality account, that the monitoring of areas not on track are in place through our governance and performance structures.

The State of Health Care and Adult Social Care 2015/16 and CQC Strategy 2016-2021

This report was noted by the committee and agreed to be shared with the wider Trust Board for information.

Reporting Groups

The chairs report of the Quality & Safety Group, September and October 2016 and matters referred to the committee: All emergency planning policies ratified apart from the trust evacuation plan which will not be completed until January. Divisional business plans ratified after confirmation of review at the divisional governance meetings and sign off.

The Patient Experience Group October 2016 no matters referred to the committee and the chairs summary report noted.

Risks to refer to risk register

None

Issues to escalate to Board

CLIPS paper referred to Trust Board in December. Further assurance sought around complaints performance.

Attendance

Professor Steven Barnett, Chair
Tracey Carter, Chief Nurse & DIPC
Mike Van der Watt, Medical Director
Virginia Edwards, Non-Executive Director
Kevin Howell, Director of Environment
Rachael Corser, Deputy Director of Governance & Associate Chief Nurse
Martin Keble, Divisional General Manager CSS
Sally Tucker, Chief Operating Officer
Gill Balen, Chair Patients Panel
Dr Anna Wood, Deputy Medical Director

Linda Tarry, Executive Assistant to Chief Nurse (minutes)
Alison McGirr, Divisional General Manager W&Cs (in attendance)
Jo Fearn, Head of Nursing children's services (in attendance)
Dr M Coker, Clinical Lead Obstetrics (in attendance)
Michelle Sorley, Lead Nurse Cancer & Palliative Care (in attendance)