

Agenda item: 15/47

Report to: Trust Board**Title of Report:** Assurance report from Safety and Quality Committee**Date of meeting:** 21 March 2017**Recommendation:** For information and assurance**Chairperson:** Ginny Edwards, Chair

Purpose The report summarises the assurances received, approvals, recommendations and decisions made by the Safety and Quality Committee at its meeting on 21 March 2017.

Background The Committee meets bi monthly and provides assurance to the Board on:

- Patient safety
- Estates
- Health & Safety
- Serious Incidents/complaints/incidents
- Patient experience

Business undertaken**New Committee structure and draft terms of reference**

The committee discussed and reviewed the terms of reference and made recommendations. It was agreed that the ToR and work plans would need further review at the new committees and then would be submitted to the June Trust Board.

Safety & Quality Performance Report

Good areas outlined in the performance report:

Safe: mortality indicators sustained performance, clostridium difficile remains below threshold, no never events and the reduction in the number of SI's

Effective: improvement in pts admitted to the stroke unit within 4 hours.

Caring: new harms were better than the national average as measured through the Safety Thermometer.

Areas requiring performance improvement:

Safe: VTE risk assessment was below threshold and a slight increase in incidents that were harmful.

Effective: Complaints responded to in within the agreed timescales was worse than the Trust trajectory and six mixed sex accommodation breaches.

Caring: Harm free care was worse than the performance standard of 95%, FFT response rates were lower than our agreed targets but better than national targets in some areas. Reopened complaints have seen an increase this month.

GE asked what action is being taken to continue to improve catheters and UTI's as part of harm free care. TC outlined the improvement in February but the Trust remains above the national average for catheters in situ. Work continues across the community and acute care pathway with the implementation of the catheter passport as part of the CQUIN. The Trust is awaiting the new toolkit to reduce UTI's at the end of March as part of E-coli bacteraemia reduction.

JB queried the pressure ulcer graphs and an increase from last year. TC explained the Trust had seen a sustained improvement until Sept 16 when there was an increased incidence. As a result a thematic review has been undertaken by the TVN team with the ward sisters and an improvement plan has been developed resulting in a reduction in hospital acquired pressure ulcers and an improvement again in recording and management. It is important to note although though increase seen is not acceptable it was still a reduction in previous years.

A narrative on the recent *Clostridium Difficile* cases is to be included in the IPR for April Board. Overall performance noted though as an improved and sustained position from 15/16.

Medication safety work continues and assurance sought around this as there has been an increase in incidents. The cross Divisional medication summits continue and further work to ensure multi-professional working to embed changes. It was noted than an increase of incidents has been seen since the changes to recording drug preparation room temperatures. This change was introduced into the QIP post the September CQC feedback. A full review of the areas has been undertaken and it is recorded on the risk register. A business for air conditioning will be presented to the Trust Executive shortly to address the highest risk areas.

There has been an increase in SI overdue reports and there is a plan in place to address this which has also been agreed with the CCG. The CCG also noted the improvement in the quality of the reports being submitted by the Trust.

The Duty of Candour compliance was discussed and the further work taking place to improve recording and evidence for moderate events. Datix is being reviewed and modified to support this for the divisions to record.

Further analysis of incidents in the behaviour category will be analysed and included in the narrative of the report. This will also be included in the new dashboard for the Patient and Staff Experience Committee.

AW gave an outline of the actions to improve VTE performance and it was agreed that a fuller explanation should be included in the narrative of the performance report. Partial assurance was gained as performance has remained below the threshold for a number of months.

The performance report was discussed for assurance of actions being undertaken to address areas of performance requiring improvement.

Corporate Risk Register Quality & Safety Risk Report

There are 4 risks aligned to the Safety and Quality Committee on the Corporate Risk Register with a current score of 15 or more and 52 with a score of 12.

A description and update of the 4 risks was given as these have been reviewed and changed in the last two weeks since the risk review group and the risks being presented to the committee.

The committee accepted the report for review and assurance.

Nasogastric Tube Misplacement: NHS/PSA/RE/2016/006

The Committee noted the report and the 17 actions for assurance and evidence. It was asked that a review of the report narrative be undertaken and the committee would approve the report.

The report was noted by the committee and assurance gained on the actions to address the 17 requirements and the mitigation in place which is captured on the risk register. The committee asks that the Trust Board note the committee action for this safety alert.

Complaints, Litigation, Incidents, PALs & Sis (CLIPs) Trend Analysis Report Q3

RC presented an overview of the report and a discussion took place about how the report may change over Q1 & 2 17/18 with the new committee structure. The reporting may split to show trends and learning for patient experience and then SI's, incidents and litigation analysis and learning.

The committee discussed the report and gained partial assurance on complaints performance and the embedding of learning.

Hospital Pharmacy Transformation Plan (2017/18 – 2019/20)

MK outlined the pharmacy transformation plans based on the Lord Carter report in 2016. A number of actions and an overview of the plan were detailed in the appendices.

A number of actions have been undertaken to inform the transformation of pharmacy although some further work will be required nationally and across the STP for medicines optimisation.

GE and JB asked that further clarification is given in the paper on what had been undertaken and a clear recommendation for the Trust Board.

The committee approved submission to the Trust Board subject to some changes in the paper.

Neonatal Intensive Care Unit – assurance report

TC introduced the report and the key areas for focus for the division around risk & governance including full term admissions to NICU as part of the Trust Quality priorities and improving pathways reducing variation. GR/SN discussed the actions that had been undertaken to meet the recommendations of the external review. The mortality rate is also lower than expected and there is not a statistically higher risk for transfer of neonates.

GE reviewed the evidence of the underpinning action plan prior to the meeting.

The committee asked that the report detailed the actions from the thematic review plan which have been completed and identify which uncompleted and ongoing actions would be incorporated in to the QIP. It was agreed this would come to the new committee in April of 'Safety & Compliance'.

The committee noted the report for information and sought final assurance of completion at the April committee.

Reporting groups

The chairs report of the Quality & Safety Group, January and February 2017 was noted and no matters for escalation to the committee.

The Patient Experience Group February 2017 no matters referred to the Committee and the chairs summary report noted.

Risks to refer to risk register

None

Issues to escalate to Board

The board to note the committee are assured on actions related to the safety alert **Nasogastric Tube Misplacement: NHS/PSA/RE/2016/006**

For the Board to note

The board to receive the Hospital Pharmacy Transformation Plan
The board to note that the NNU thematic review actions will be reviewed by the new Safety and Compliance Committee for assurance.

The Board to note partial assurance on the Complaints (CLIPs) report and learning and further assurance to be presented to the Safety and Compliance Committee.

Attendance

Ginny Edwards, GE Chair
John Brougham, JB Non-Executive Director
Tracey Carter, TC Chief Nurse & DIPC
Rachael Corser, RC Deputy Director of Governance & Associate Chief Nurse
Sally Tucker, ST Chief Operating Officer
Gill Balen, GB Chair Patients Panel
Dr Anna Wood, AW Deputy Medical Director
Linda Tarry, LT Executive Assistant to Chief Nurse (minutes)
Tim Duggleby, TD Environment Division (in attendance)
Gloria Rowland, GR Associate Director of Midwifery & Gynaecology Nursing (in attendance)
Simmi Naidu, SN Neonatal matron (in attendance)