

QUALITY AND SAFETY COMMITTEE UPDATE	
Date of meeting:	21 st December 2018
Attendees:	Olwen Dutton (Chair), Richard Samuda, Marie Perry, Rachel Barlow, Kam Dhani, Prof David Carruthers, Paula Gardner and David Baker,
Apologies:	None received
Key points of discussion relevant to the Board:	<ul style="list-style-type: none"> • Strategic BAF: The Internal Audit review of the <u>Safety Plan</u> that was due to commence in December has been deferred to January to auditor availability. The process remains underway to appoint to the Director's post when Karim Raza's term of office ceases at the end of the year. A deputy Director and newly appointment Head of Department will oversee the function until then. Having addressed the out-of-hours <u>paediatric ophthalmology</u> service risks, the outstanding issues relating to maintaining the paediatric skills of the anaesthetists and building resilience in the service to support the single Paediatric Ophthalmologist remain. <u>Care Home bed provision</u> will be the subject of a separate report from the COO. • IQPR: Conversations focussed on: <ul style="list-style-type: none"> - an increasing <u>sickness rate</u> of 5.27%, and consequent knock-ons to quality and safety - 2 <u>medication errors</u>, the last one reported in September 2017, that are being investigated as Serious Incidents. - an increase in the absolute number of <u>falls</u>, including 3 resulting in serious harm. Expected falls not considered but would provide a more informed Trust target. This is being worked up. A programme of educating staff in correctly reporting the nature of falls is underway. The new Falls Co-ordinator will support this work. - New national guidance on counting <u>Pressure Ulcers</u> is being introduced from 1st April but modelled in the IPQR in advance. All pressure ulcers whether hospital acquired or not must be reported by the Trust. - Assurance was provided that the <u>DM01 diagnostics target</u> would be met by the end of January 2019. The risk is cardiac CTs where there has been an increase of 60 referrals a month. Growth has been modelled into the Imaging sustainability plan. - <u>Emergency care</u>, where SWB is 112th of 135 in the league table of Trusts meeting the 4hr target. Performance stands at 74% month to date against a local trajectory of 85%. This is an ED issue with extensive waits to be seen. Wards are meeting the daily discharge targets 4/5 days per week so beds are available. Measures to improve include, SMART, early DTA or deflection to reduce the flow into majors, re-instate the 10-6pm

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	<p>Consultant, over-recruitment into Registrar posts.</p> <ul style="list-style-type: none"> • Hygiene Code: A self-assessment against the national infection control reporting arrangements provided positive assurance. On track to meet the CDiff target but should there be a Norovirus outbreak there would be some incidental finding. The risks flagged within the NNU environment are being addressed, with a decant planned to allow a deep clean and the flooring to be repaired. FFP3 masks for all staff, required in the event of an outbreak, have been ordered and training to fit them is being provided. • Quality Plan / Sepsis: DC gave a presentation on the next steps in meeting our Sepsis ambitions. Wards are receiving daily sepsis reports showing where screening has taken place and recorded. This allows early escalation where there is non-compliance. League tables of performance are introducing health competition. Credit card sized cards have been issued to ward staff as a reminder of their Sepsis responsibilities. • CQC Improvement Plan: the improvements already made against the headline findings following the September Inspection were noted. All actions are due to be delivered by 31st March 2019. Success measures have been identified and will be used to test on-going sustainability. The final inspection reports are expected at the beginning of January 2019.
<p>Positive highlights of note:</p>	<ul style="list-style-type: none"> • Sepsis being reported as done now in 1:1.6 patients with NEWs>5 as opposed to 1:9 originally. • The positive position statement on the Trust's Infection Prevention and Control governance and reporting arrangements.
<p>Matters of concern or key risks to escalate to the Board:</p>	<ul style="list-style-type: none"> • None raised
<p>Matters presented for information or noting:</p>	<ul style="list-style-type: none"> • None
<p>Decisions made:</p>	<ul style="list-style-type: none"> • None
<p>Actions agreed:</p>	<ul style="list-style-type: none"> • A review of the clinical decision to discharge for unplanned re-attendances to A&E to be presented at the next meeting. • Modelling of the now and post-April 2019 look at Pressure Ulcer reporting to be presented at the next meeting to understand the impact.

Olwen Dutton
Chair of Quality and Safety Committee
For the meeting of the Trust Board scheduled for 6th December 2018