CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

There will be a meeting of the Board of Directors in Public on
Thursday, 30th March 2017 at 3:30 pm
in the Board Room, Sunderland Eye Infirmary

AGENDA

Apologies: Alan Wright, Mike Davison

1.	**Declaration of Interest**		
2.	**Minutes**		
Item 1.	To approve the minutes of the Board of Directors meeting held 'In Public' on Thursday, 26th January 2017		**Enc 1**
	Matters Arising		
	Item 4 – Joint Scrutiny Meeting	**KWB**	
	Item 4 – Vascular Consultation	**KWB**	
3.	**Standard Reports**		
Item 2.	Chief Executive's Update	**KWB**	
Item 3.	Quality Risk and Assurance Report	**BB/MJ**	**Enc 3**
Item 4.	Finance Report	**JP**	**Enc 4**
Item 5.	Performance Report	**AK**	**Enc 5**
4.	**Strategy / Policy**		
Item 6.	2016 NHS Staff Survey Results	**KG**	**Enc 6**
Item 7.	Information Governance Toolkit – CHS and Church View	**AJH**	**Enc 7**
	Date and Time of Next Meeting		
	Board of Directors 'In Public', Thursday, 25th May 2017, 3.30pm, The Board Room, Sunderland Eye Infirmary.		

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Minutes of the Meeting of the Board of Directors held In Public on 26 January 2017 in The Board Room, Sunderland Eye Infirmary

Present:	John Anderson (JNA) - Chair Ken Bremner (KWB) Mike Davison (MD) David Barnes (DB) Stewart Hindmarsh (SH) Alan Wright (AW) Peter Sutton (PS) Julia Pattison (JP) Melanie Johnson (MJ)
Apologies:	Ian Martin (ICM) Sean Fenwick (SF)
In attendance:	Bob Brown (BB) Mike Laker (ML) Carol Harries (CH) Alison King (AK)

ITEM 1 DECLARATION OF INTEREST

None.

ITEM 2 MINUTES OF THE MEETING HELD 24 NOVEMBER 2016

The minutes of the meeting held in public on 24 November 2016 were accepted as a correct record, except page 2 – 6th paragraph, 1st line should read "MD commented that it was important that the system worked, but the success of many government led IT projects are not very good".

ITEM 3 MATTERS ARISING

Specialised Commissioning - KWB advised that we had received notification that the contract would remain with us for a two year period which whilst positive, the issue had not gone away.

ITEM 4 CHIEF EXECUTIVE'S UPDATE

North Durham – KWB informed Directors that North Durham had been aligned to Sunderland / South Tyneside as part of the STP process. There was also some pressure on the future of Durham Hopsitals and a meeting was to be held the following week between ourselves, Gateshead, South Tees and North Tees. KWB

stated that we did not wish however, to be deflected from our work with South Tyneside. KWB advised that he would keep Directors informed about developments.

In terms of the STP, the centre had confirmed that each area was to receive £250k to support delivery of the STP. NHSE and NHSI were also looking to second staff to support the process but it had to be the right person with the right skills.

Winter Pressures – KWB stated that the Trust had been extremely busy and indeed there had been no abatement since just after Christmas. KWB advised that we were beginning to see a number of cases being admitted with flu and as a consequence, some beds were closed to admissions in certain wards. Staff were continuing to manage safely although a number of ward areas were under strain. There had been an increase in the number of letters from staff and we were starting to see an increase in the number of issues/incidents relating to staffing. Unfortunately, there was no easy solution to resolve the 80/90 registered nurse vacancies that we were currently experiencing. . KWB stated that for a limited time, overtime rates had been opened up for nursing staff which had been well received. KWB advised that this did give a dilemma as there was clearly a cost difference between overtime rates and NHSP payments.

MJ commented that this had been well received and whilst we were still not covering all the shifts, there were significantly more of them covered which made the situation more manageable. KWB stated that this would be reviewed at the end of March.

Hospital Handover Delays – KWB stated that the NHS was now getting much more involved in the issue. For some patients, their only contact was by a 111 call handler and nationally a suggestion had been made that for anyone waiting over an hour for an ambulance, then the issue should be escalated to an Executive Director to see if the situation was more urgent. KWB commented that this was not a practical solution, even though we did have a Director on call at any time.

ML stated that the NHS seemed to have forgotten the lessons of recent history as this approach seemed reminiscent of Stafford.

AW commented that there had been some issue in the media about the possible relaxation of the four hour target. KWB replied that as yet, we had to see the detail but had been advised that the four hour target would remain. KWB also stated that on the previous day, only six Trusts had hit 95% and they tended to be specialist Trusts.

MD commented that if the Government introduce more targets, then this would undoubtedly increase bureaucracy. KWB stated that it would be much better if it was based on outcome measures.

The Chairman queried the benefit of keeping minor accidents. KWB stated that it was important to ensure that you got sufficient numbers to cross the line – if the focus was on type 1, then if there needed to be a different target – it was a numerator and denominator issue.

Joint Scrutiny Meeting – KWB informed Directors that the first formal JOSC was to be held on 30 January 2017. The agenda would cover the plan for the engagement and consultation process and also give some indication of the public and patient perception of the services. The first elements of the transport impact assessment would also be shared although at this stage, it did not come to a conclusion.

Staff Briefings – KWB informed Directors that a number of staff briefing sessions were be to be held both in Sunderland and South Tyneside. The briefings would be repeated on a regular basis for staff.

Vascular Consultation – KWB advised that specialist commissioners were now planning how to undertake public consultation. PS commented that it had been hoped that it would have moved forward in a more collaborative way.

DB queried whether Durham were still undertaking vascular surgery. KWB replied that they were and linked with Gateshead who were now more aligned with Newcastle – if Durham went that way, it would cause us some concern. DB also queried the numbers of patients undertaken in Durham. PS replied that the numbers were very similar to ours.

ITEM 5 QUALITY, RISK AND ASSURANCE REPORT

BB presented the report which provided assurance to the Board on the key regulatory, quality and safety standards that the Trust was expected to maintain compliance with and/or improve. BB highlighted the patient story which was a positive story about organ donation.

BB highlighted pressure ulcers and in particular, community acquired which had seen a significant increase. MJ stated that at some point, we would hope to identify the source. AW commented that patients were more susceptible in the community and often come into hospital with a pressure ulcer. The most important issue however, was how we treated that pressure ulcer whilst they were an inpatient.

BB also highlighted incidents and advised that there had been an increase of 55 reported incidents in November, compared to the previous month.

BB advised that 5 incidents were reported in October as having caused major or extreme harm, but all of these were subsequently downgraded following consideration by RRG. MD queried what the process was to consider this. BB replied that Directorates overestimated the level of harm in around 80% of cases, which, following investigation at RRG, were then downgraded.

MD queried the incident in relation to a spinal cord infarction and whether there was any serious future harm. BB replied that this had not been confirmed as yet.

BB informed Directors that RRG had identified some proposals to remove up to 50 RCAs from the current backlog. The proposals had been approved by Governance Committee and agreed by the CCG. The new process would be more efficient and would also allow more focus on the learning. MD commented that RCAs were an important issue that needed to be done properly and address any issues – it was

important that it was not just about manipulating the figures. MJ replied that it was hoped that the process would be concluded shortly and done thoroughly.

MJ highlighted safeguarding children and advised that there had been an increase in the number of referrals relating to domestic and substance misuse.

Sunderland Children's Services had had a second review visit by OFSTED which was positive with comments that they were "making steady progress". A further planned visit by OFSTED was expected in February 2017. MJ also advised that the move to "All Together Children" was expected to go live in April and a date had been agreed when the new CEO would come and share detail of the new arrangements.

MJ informed Directors that from November 2016, a new electronic process for the application of MCA DoLS was implemented. The new process eliminated the requirement of faxing applications as they were now sent to an MCA DoLS dedicated email address after which, a quality check was conducted and the application then sent securely to the relevant Local Authority.

MJ stated that during November, 45 formal complaints had been received and the total number of open complaints was 76, compared to 100 the previous month. ML queried the definition of a "resurrected complaint". MJ replied that this referred to a complaint which had been responded to, closed, and then resurrected.

ML queried whether it was closed at the point when the response letter was sent. MJ confirmed that this was correct. KWB stated that in reality, we were quite pragmatic about it. MJ commented that some individuals did not come back for months after receiving the initial response letter.

ML queried whether this was a recent categorisation i.e a mechanism to improve the figures of handling complaints. MJ replied that this had been in place everywhere that she had worked.

MD commented that "re-opened" may be a better word than resurrected.

MJ informed Directors that a workshop to review the complaints process was planned for early February 2017.

MJ also highlighted nursing workforce issues and advised that during November, there were three wards with RN fill rates of less than 80% - F61, D43 and E52. MJ stated that at the end of November, there were 84 wte approved RN vacancies and this did not include 32wte who were currently undergoing pre-employment checks.

MD queried the value of CHPPD. MJ advised that it was the ratio of staff hours to patient count at midnight and was a recent change since the Lord Carter Report. CHPPD was a national initiative and we were expecting more information in relation to it. KWB queried whether we had ever used it. MJ replied that it needed further national direction.

The e-rostering system which was being introduced in the Trust would support the dependency of the patient.

MJ informed Directors that NHSP continued to provide support to wards to mitigate shortfalls and the Trust, despite the number of vacancies, had never used a nursing and midwifery agency.

SH queried whether the introduction of nursing staff being paid overtime was for a period of time. MJ replied that currently it was for a fixed period of time and was a response to a situation, although we had not been specific about the end point and it was under constant review.

SH queried how the re-introduction of overtime was communicated to staff. MJ replied that this had been communicated in an email from KWB as sometimes we want staff to work elsewhere and not just on their own ward. SH commented that he had concerns sometimes when the exception becomes the acceptance. KWB replied that given the current gaps and pressure in the system, it was a really difficult issue to resolve.

The Chairman queried whether the working time directive had an impact. KWB confirmed that it did, but that staff could opt out.

Resolved: To accept the report.

ITEM 6 FINANCE REPORT

JP presented the report and stated that the overall financial position was a net deficit of £2,222k against a planned deficit of £1,923k, and therefore £299k behind plan. JP advised that the current position assumed non delivery of key performance targets, namely, 4 hours A&E in October and December, plus cancer targets in October and December. As a consequence, £310k of STP funding had been removed from the financial projection to date. If performance targets had been met, then the actual financial position would be a small value ahead of plan of £11k.

In terms of clinical income, JP advised that whilst there were ongoing discussions with our lead commissioner Sunderland CCG and in particular around additional funding support within 2016/17, as yet, there was no certainty for the end of the year as the focus was on the 2017/18 contracts.

JP stated that despite the risks in the last 3 months and throughout winter, the Trust anticipated A&E performance to be in line with year to date trajectory by the end of Q4 and duly included 'back payment' of STP funding i.e. assumed full STP funding with the 2016/17 annual forecast. JP stated that there was a recognition however, that A&E was a significant risk.

JP stated that pay was currently showing an underspend of £1,621k against plan reflecting the number of vacant nursing posts across the Trust. The CIP target as declared to NHSI for 2016/17 was £15m, however, Divisional plans to date totalled £13,425k, therefore still £1,575k of CIP plans to identify this financial year.

JP informed Directors that the cash balance at the beginning of December 2016 was £4.21m against a planned £9.76m – the adverse variance of £5.5m predominantly

attributable to NHS debtors being significantly higher than plan (£6.91m), the capital cash profile being slightly ahead of plan (90k), and offset by favourable variances within other areas of working capital (£1.45m). JP stated that the position was also compounded by the slow release of STP funding from the centre. JP advised that all debtors continued to be vigorously pursued. MD queried how many days the level of cash represented. JP replied that it was 14/15 days. JP stated that the Trust had assumed the STF money would all be received by the end of March although there was some noise in the system that this would not now be until April. KWB commented that nationally for other organisations, their cash position reflected the following: Teaching Trusts – 21 days, Large Acute – 9 days, Specialist Trusts – 59 days, Ambulance Trusts – 41 days and Community Trusts – 28 days.

The Chairman queried whether in normal accountancy did we express the number of days for a cash position. DB replied that this was not normally done. JP stated that it was factored into the calculation of the risk rating. MD asked JP whether the liquidity position was causing her concern. JP replied that it was not this year. SH queried the position going forward. JP replied that cash would be tighter and a reliance on STP funding. SH queried whether JP felt the situation was reasonable at the moment. JP replied that a number of Trusts had access to working capital loans but in effect this was robbing "Peter to pay Paul" and we wanted a more sustainable financial footing and the building up of reserves.

MD queried whether a revolving credit facility could be negotiated as they could be quite cheap if they were not used. JP replied that the Trust did previously have one which cost £98k per year and therefore it was stopped.

JP informed Directors that the financial plan and the actual position included a number of risks – the key risk being the shortfall in CIP delivery. A number of one-off financial benefits meant that the required CIP in year would be £13.9m and therefore the Trust needed to identify a further £0.50m of CIPs to achieve control totals.

In addition, the Trust had assumed a 'catch-up' in STP funding linked to A&E trajectories and if the necessary A&E target is not achieved, then this funding would be unlikely to be gained.

The Trust was still forecasting to reach the control total and that statement had been submitted to NHSI earlier in the week, although it was still a significant challenge going forward.

DB commented that the payment of overtime was still an unquantified risk going forward and whilst he was sympathetic to the reasons for its introduction the amount could not be quantified and could have implications for the control total targets. DB stated that the Board should note that this was a risk.

KWB commented that if we were able to get all part-time staff to increase their hours, it would be cheaper as overtime rates do not start until an individual had reached a 37 hour week. Overtime was also paid one month in arrears whereas NHSP was paid weekly and for many staff, this was a better option. KWB stated it was extremely important to realise the impact on staff and potentially was more of an issue of reputational damage to us. The Chairman commented that presumably we

were not expecting millions of pounds. DB reminded Directors that £500k could take us below our target. KWB suggested that it may be £300k but it was still an unknown target.

JP informed Directors that NHSI now no longer required quarterly declarations to be made going forward as part of the new oversight framework.

Resolved: To note the financial position to date.

ITEM 7 PERFORMANCE REPORT

AK presented the report which updated Directors on performance against key national targets and local contractual indicators for December 2016.

AK advised that RTT performance remained above target at 93%. At speciality level, T&O, Oral Surgery, Thoracic Medicine, ENT and Rheumatology remained under target. AK advised that plans were in place for the majority of specialities but further work was required around Oral Surgery's plan given increasing referrals.

A&E performance for December was below the 95% target and STF trajectory at 91.34% which was about the same as last year with a 9% increase in attendances (actual growth was 2%, the remainder due to a counting change).

AK explained that the national performance was 88.4% with a 4.5% increase in attendances compared to the previous year. The Trust remained however, in the top 25% of Trusts nationally with only North and South Tees in the North East.

ML queried in terms of ambulance handover delays, whether there was any evidence of harm to patients. SF confirmed that there was no evidence of harm. KWB commented that the Ambulance Trust needed to look at its own performance as to why they continued to bring patients when there were for example, nine ambulances waiting at the front door when other Trusts in the region were performing much better.

AK highlighted diagnostics which for December was above the 1% target at 4.53% of patients waiting over 6 weeks for their diagnostic test. AK explained that this was mainly due to a significant number of breaches in cardiology (echo) due to a number of pressures in the service. The lab at Gateshead had changed their process/threshold without informing anyone and as a consequence, there was an increase in GP referrals. ML commented that the graph on page 6 was interesting and queried whether the dip was linked to the increase. AK stated that it was in line with previous seasonal dips and not outwith what we expected. SH queried whether PCI was affected. PS stated that it was not as this was planned work from a GP referral. KWB stated this was totally unrelated to PCI and merely because of a change in referral practice. Dr McClure had written out to GPs advising them of the thresholds.

AK commented that the performance team were also to do a deep dive and look more closely at capacity and demand.

AK also advised that as a consequence of the failure of the target, we will have tripped the two month in a row failure. SH queried whether there was merit in looking at patients who had come through because of the adjustment in the lab and to determine whether they needed any intervention. PS suggested that this was more of a research project and probably not a large enough volume to have meaningful data.

AK informed Directed that 62 day cancer for December was below the 62 day standard although as of today, it was just over 85% for Q3 which would mean that the Trust should receive the cancer STF.

Resolved: To accept the report.

JOHN N ANDERSON
Chairman

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

NURSING & QUALITY DIRECTORATES

BOARD OF DIRECTORS

QUALITY, RISK AND ASSURANCE REPORT

MARCH 2017

EXECUTIVE SUMMARY

The Quality, Risk and Assurance Report is a summary report to provide assurance to the Board on the key regulatory, quality and safety standards that the Trust is expected to maintain compliance with and/or improve. The summary of key risk activity documented in this report is as follows:

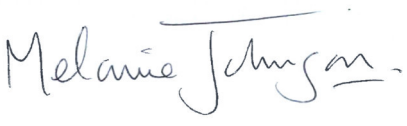
- The continuing increase in Community Acquired Pressure Ulcers and focus on understanding the reasons behind this and any resulting actions that could be taken.

- Reductions in nursing fill rates in a number of areas and the work to further understand the impact on this on safety, quality and experience.

- Importance of further improving responsiveness to the timeline requirements for serious incident reviews.

RECOMMENDATION

Directors are asked to note the report.


Ian Martin
Medical Director

Melanie Johnson
Director of Nursing & Patient Experience

Bob Brown
Director of Quality & Transformation

City Hospitals Sunderland
NHS Foundation Trust

Quality, Risk and Assurance Report for January 2017

Presented to Board of Directors
March 2017

PATIENT STORY
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

The Trust received a letter of thanks from the mother of a patient relating to their experience during a consultation with Dr Lawson in the Paediatrics Department. The letter stated:

"On behalf of my husband, myself and my son I wish to take this opportunity to thank you and your colleagues for the wonderful care and attention shown to my son during his appointment with you yesterday.

You demonstrated to us all that is good with the National Health Service. You obviously went out of your way in order to arrange not only an EEG for my son but also, following the EEG, for us to be seen by another visiting consultant and again by yourself.

You kindly considered that we live in Chester-le-Street and made sure that you got as much done in one visit rather than making a return journey, you quickly organised the specialist nurse to come and meet us and arrange a home visit and sorted out his medication. We really appreciate the thoughtfulness that is very rarely shown at such lengths that you and your team demonstrated.

The skill, care and professionalism shown to us all by whom we came into contact with were second to none. Thank you again for such excellent treatment and consideration.

Sunderland Royal Hospital should be very grateful and proud to have you on board."

City Hospitals Sunderland NHS Foundation Trust
Governance Committee
Quality, Risk and Assurance Report (January 2017)
March 2017

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- Reductions in nursing fill rates in a number of areas and the work to further understand the impact on this on safety, quality and experience.
- Importance of further improving responsiveness to the timeline requirements for serious incident reviews.

IAN MARTIN **Executive Medical Director**	**MELANIE JOHNSON** **Executive Director of Nursing & Patient Experience**	**BOB BROWN** **Director of Quality & Transformation**

HOSPITAL ACQUIRED PRESSURE ULCERS
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.1 HOSPITAL ACQUIRED PRESSURE ULCERS (HAPUs)

CHS has an agreed Pressure Ulcer Improvement Plan in place. The goal of this improvement plan is to reduce the incidence of avoidable category 2-4 hospital acquired pressure ulcers (HAPUs) by 25% each year, over the next 3 years (i.e. by April 2019). The data is obtained from the Trust's incident reporting system ("*Ulysses*"), validated by the Tissue Viability Nurse team and incorporated in the Ward Dashboards. The data includes the 'rate per 1,000 occupied bed days', to compare improvement over time. According to the literature, 95% of PUs are avoidable (DH 2011).

Ward Dashboard data for January 2017

In January we reported 33 HAPUs, which is a decrease from the 35 reported in December.

Numbers of HAPUs by category for January (see figure 1):

Severity	Number of HAPUs
Category 2	32
Category 3	1
Category 4	0
Total	**33**

Numbers of HAPUs by directorate for January (see figure 2 for year to date numbers):

Directorate	Category 2	Category 3	Category 4	Total	YTD Trend
REM	8			8	
Trauma & Orthopaedics	2			2	
General Internal Medicine	6			6	
Theatres	3			3	
Medical Specialties	5			5	
General Surgery	2	1		3	
Emergency Medicine	2			2	
Urology	4			4	
Head & Neck				0	
Family Care				0	
Obs & Gynae				0	
Ophthalmology				0	
Grand Total	**32**	**1**	**0**	**33**	

Figure 1: Hospital Acquired Pressure Ulcers (HAPUs) by category and trend from February 2016 to January 2017

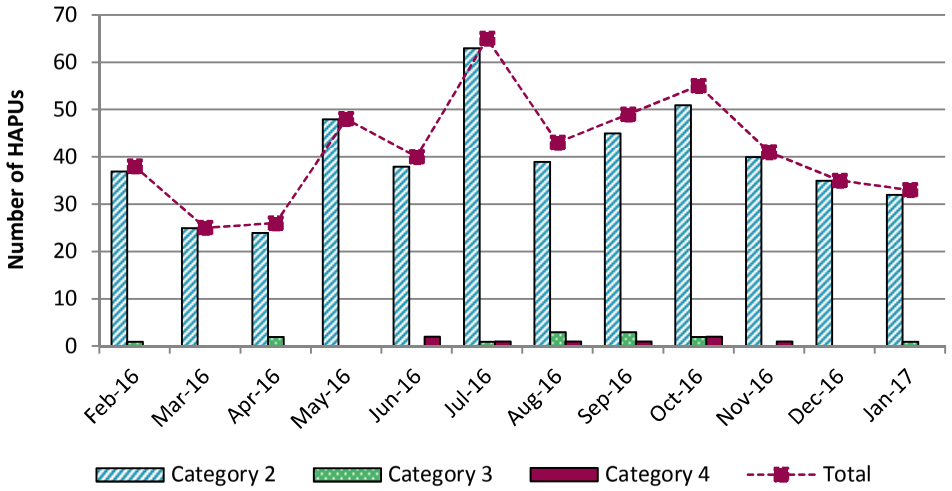
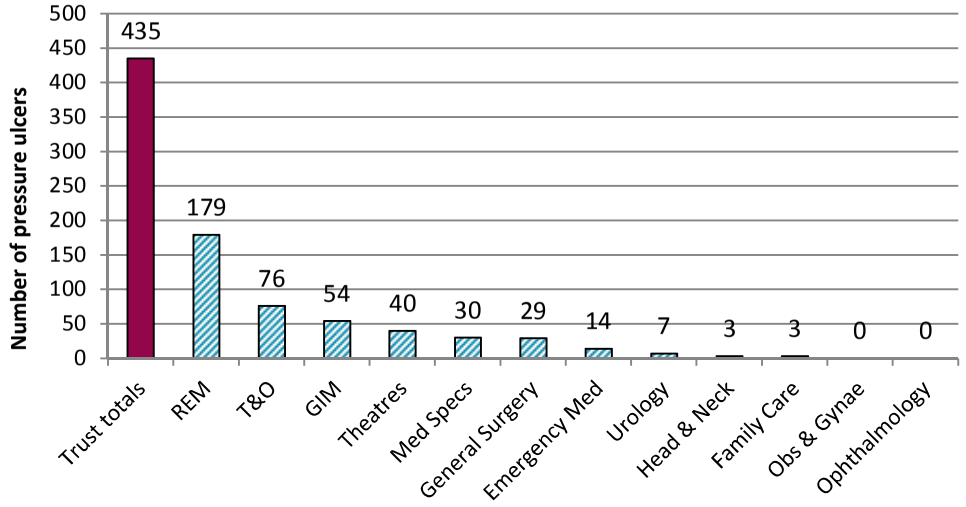


Figure 2: Total number of Pressure Ulcers (category 2 and above) April 2016 to January 2017



HOSPITAL ACQUIRED PRESSURE ULCERS
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.2 TRUST PERFORMANCE AGAINST IMPROVEMENT TRAJECTORY

The number of PUs per 1,000 bed days has decreased from 1.97 in December to 1.75 in January. Figure 3 shows the number of HAPUs per 1,000 bed days, together with the improvement trajectory which, as the graph shows, is currently on track within January and actually exceeding the target. Corrective action by Matrons and Ward Managers is being monitored by the Nursing & Patient Experience team as per the Trust Pressure Ulcer Improvement Plan.

1.3 COMMUNITY ACQUIRED PRESSURE ULCERS (CAPUs)

The Tissue Viability Team also review data regarding the number of patients being admitted to CHS with a pressure ulcer i.e. a Community Acquired Pressure Ulcer (CAPU).

The table below and figure 5 displays this data over the last 12 months. These figures include all categories of CAPUs (category 1 to 4) and Deep Tissue Injuries (DTIs). It is evident that the number of CAPUs has increased significantly during the last three months, and is a subject of consideration by the team, to understand the impact of this demand and any actions that might be taken.

A DTI is "a pressure-related injury to subcutaneous tissues under intact skin. Initially, these lesions have the appearance of a deep bruise. These lesions may herald the subsequent development of a category 3-4 pressure ulcer even with optimal treatment" (National Pressure Ulcer Advisory Panel, 2002).

The pre-existence of a PU renders these patients as high risk of developing further PUs or suffering deterioration of their existing sore whilst in hospital, hence proactive preventative strategies are required for these patients to prevent this.

Total number of CAPUs per month January to December 2016 (see figure 4):

Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
160	116	177	154	192	170	209	132	161	240	225	271

Figure 3: Hospital Acquired Pressure Ulcers (HAPUs) by category and trend from February 2016 to January 2017 with improvement trajectory up to March 2017

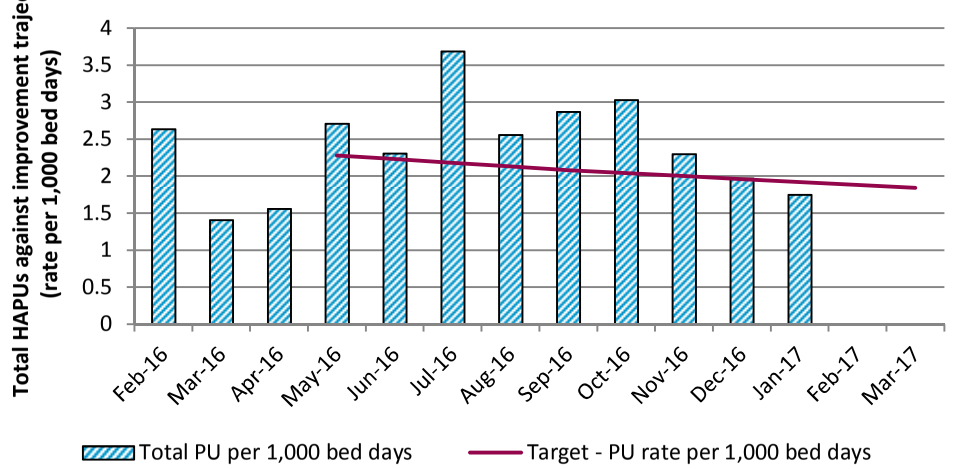
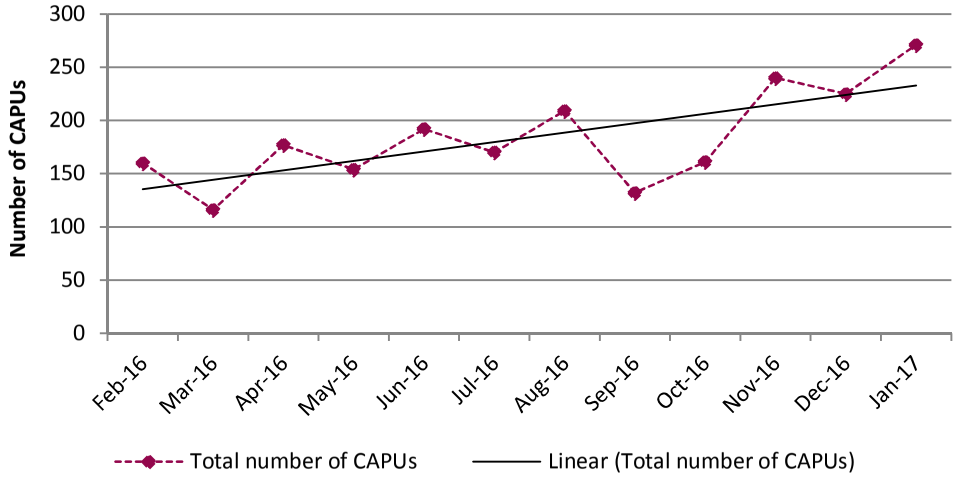


Figure 4: Community Acquired Pressure Ulcers (CAPUs) by category and trend from February 2016 to January 2017



SAFEGUARDING CHILDREN
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.4 SAFEGUARDING CHILDREN

Current position

As shown in figure 5, the numbers of referrals from Maternity have decreased. The figures across the rest of the organisation have remained steady, despite the increased activity within Emergency Care departments. The numbers of referrals from the Paediatric ED has increased and themes are varied, however, there has been a noticeable increase in sexual abuse referrals in young people along with assaults from peers.

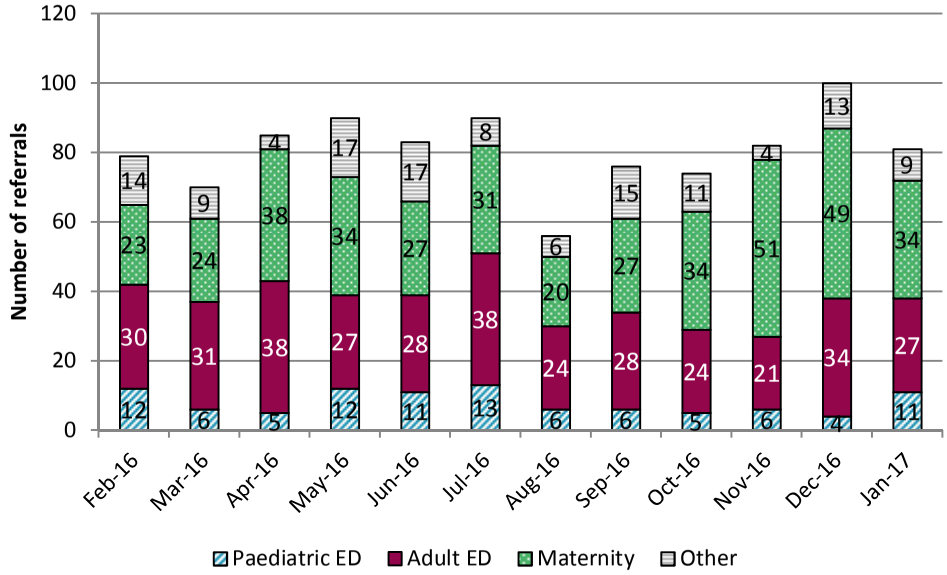
An ED Task and Finish Group has been set up to review the safeguarding risk assessment questions and subsequent documentation of safeguarding concerns in relation to adults and children. This is a review opportunity that follows on from the 2016 CQC inspection report in South Tyneside NHS Foundation Trust, whereby ED documentation was recognised as inadequate, in particular to enquiries regarding domestic abuse and the 'hidden child'.

The number of children in the looked after system has reduced from 564 to 530, however, this is a fluctuating figure and does not demonstrate any specific themes. In February OFSTED will be reviewing the Looked after Children services as part of the improvement plan. Work is already underway in ensuring statutory health performance is on target with the development of an improved data capture process via Meditech.

There have been no further Serious Case Reviews (SCR) and ongoing audits have been completed in respect of the current SCR action plans.

There is a 'Think Family' symposium on 27 March 2017 with some excellent speakers, one of which will be the family of Jenny Clough, a nurse who was murdered by her abusive partner in the car park of her work place, after she left him due to domestic abuse.

Figure 5: Safeguarding children referrals February 2016 to January 2017



SAFEGUARDING ADULTS
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.5 SAFEGUARDING ADULTS

Safeguarding Adults Reviews (SARs)

The Serious Adult Review (SAR), which involved a domestic violence incident is due to be published on 13 February 2017. There are actions for CHS and the actions will be monitored by the Safeguarding Children and Adults Group (SCAG) and by the CCG. The actions include appropriate discharge arrangements of vulnerable patients who are homeless, flagging of patients known to the Multi Agency Risk Assessment Conference (MARAC) and review of next of kin on each hospital's engagement to ensure patient safety against perpetrators.

A Health Only Review identified an action for health (CHS and CCG). This involves the developing and embedding of a safe process for sharing information between primary care and secondary care.

Referrals

Figure 6 shows that a total of eight Safeguarding Adult Referrals were made by CHS to the Sunderland City Council Safeguarding Adults Team in January 2017. The referrals detailed four allegations of domestic abuse against vulnerable patients by partners, two cases of self-neglect, one case of neglect and acts of omission from a care home and one allegation of sexual abuse.

Referral forms were received from three ward areas and ICCU, Speech and Language Therapy, Outpatients department and IICU.

Mental Capacity Act: Deprivation of Liberty Safeguard (DoLS)

On the 26 January 2017 The Court of Appeal handed down judgement in *RV versus HM Coroner for Inner South London* that patients in ICCU will not normally be deemed to be deprived of their liberty (unless there are exceptional circumstances). There stay will therefore not require authorisation under the Mental Capacity Act. The case will go to the supreme court for further consultation. The outcome and what this means for ICCU patients is under discussion in the Trust.

Current Position

January 2017 saw 163 new DoLS applications submitted from CHS to the Local Authority. As shown in figure 7, this is an increase from the previous month.

Figure 6: Adult safeguarding referrals received February 2016 to January 2017

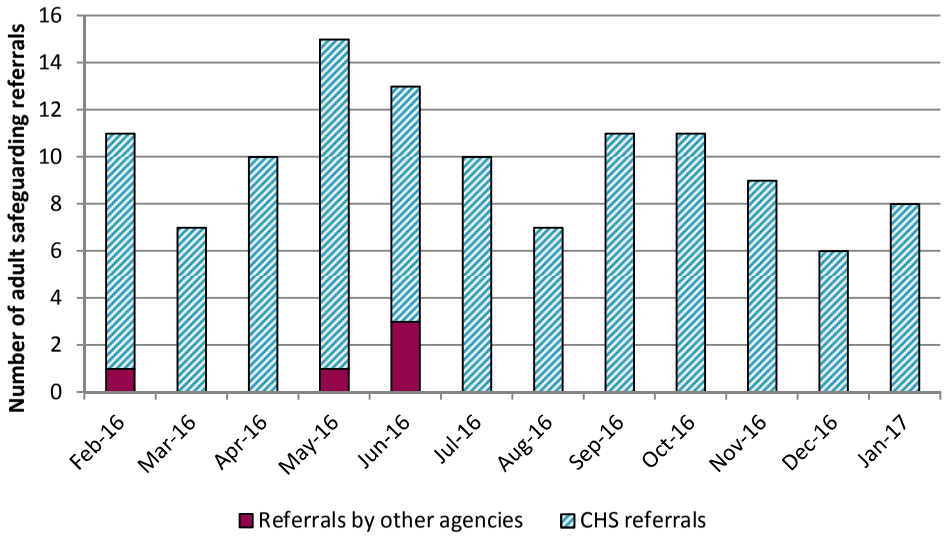
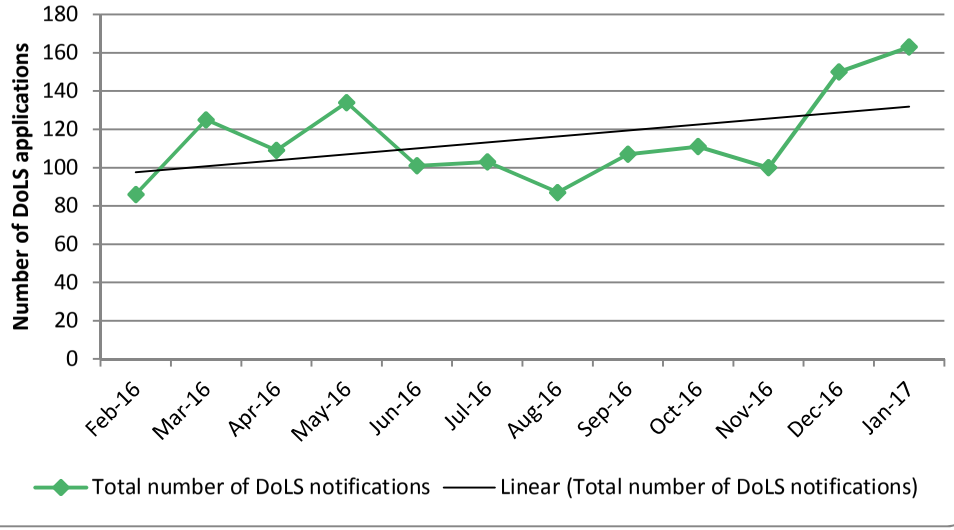


Figure 7: Number of DoLS applications made February 2016 to January 2017



COMPLAINTS
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.6 COMPLAINTS

In January 2017 there were 40 formal complaints.

The Trust's Complaints Policy expects formal complaints to be acknowledged within three working days of the receipt of the complaint. Figure 8 demonstrates 100% compliance in January.

Figure 9 details 38 formal complaints awaiting a first written response (by working days) in January. The two complaints >61 days are 64 days and 71 days and plans are in place to expedite these responses.

Figure 10 shows the status of all formal complaints as at the end of January, with 62 open complaints (new and reopened) compared to 76 last month. 45 were awaiting a written response (ongoing) and 17 a meeting, compared to 19 last month. Of these, six are reopened complaints (one awaiting a second meeting) and 11 are new complaints. Work is ongoing to present timescales to meetings.

Figure 8: Acknowledgement of formal complaints February 2016 to January 2017

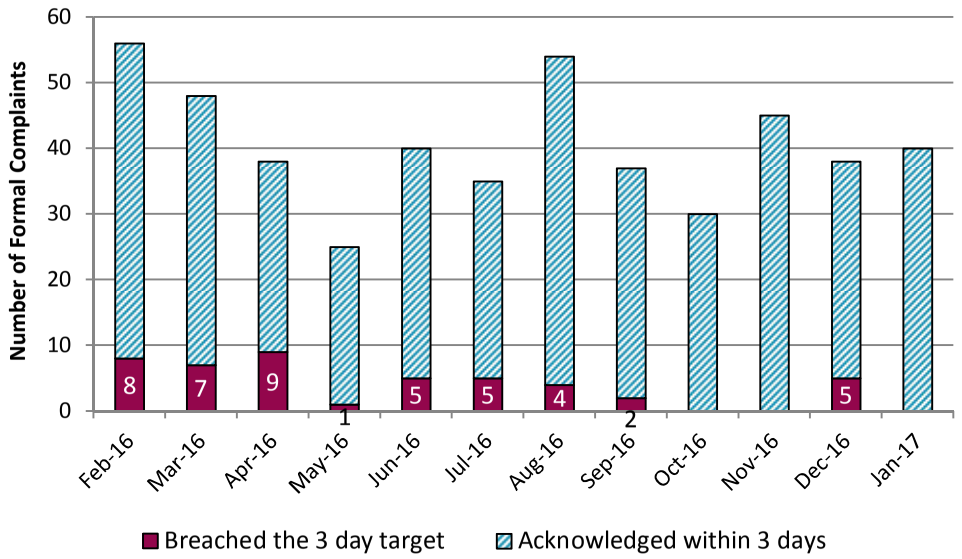


Figure 9: Current Formal Complaints Awaiting First Written Response - Working Days - January 2017

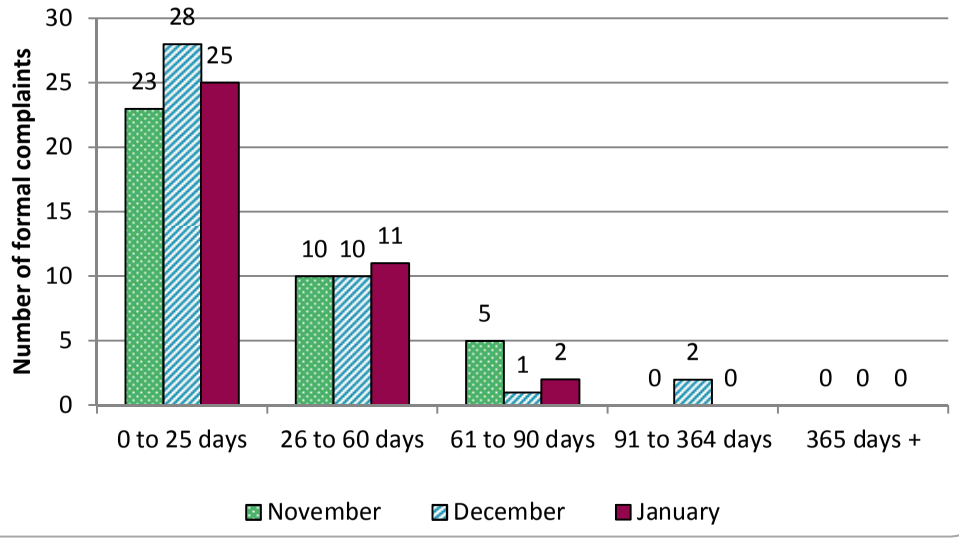
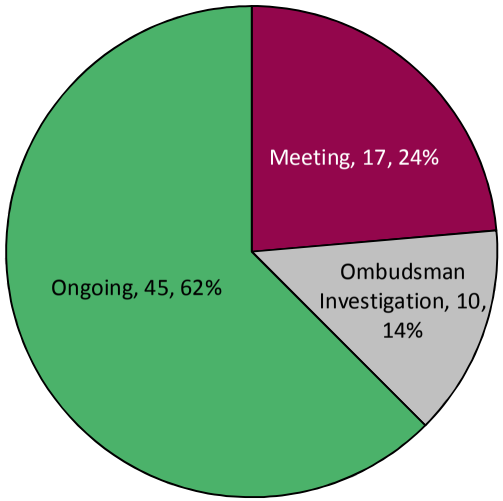


Figure 10: Current Stages of Formal Complaints - January 2017



1.6 COMPLAINTS (continued)

Figure 11 provides visibility of the number of complaints awaiting a first written response, indicating five of the 45 are outwith expected timeframes, compared to six the previous month. This demonstrates continuous improvements in managing the backlog of complaints.

Figure 12 demonstrates 41 complaints were responded to in January.

Figure 13 provides a breakdown of the data presented in figure 11 by directorate and demonstrates that Trauma & Orthopaedics have the highest number of complaints awaiting a response, and the highest number outwith timeframe. Plans are in place to address this.

In summary, the January report demonstrates further improvements in managing the number of complaints awaiting a first response. Work is ongoing to further refine this report and provide visibility of reopened complaints and meetings which continue to inform improvement work. A workshop was held in February 2017 where a number of actions were identified to improve the complaints handling process. An action plan is currently being developed.

Figure 11: All ongoing complaints within and outwith timeframes in accordance with policy - January 2017

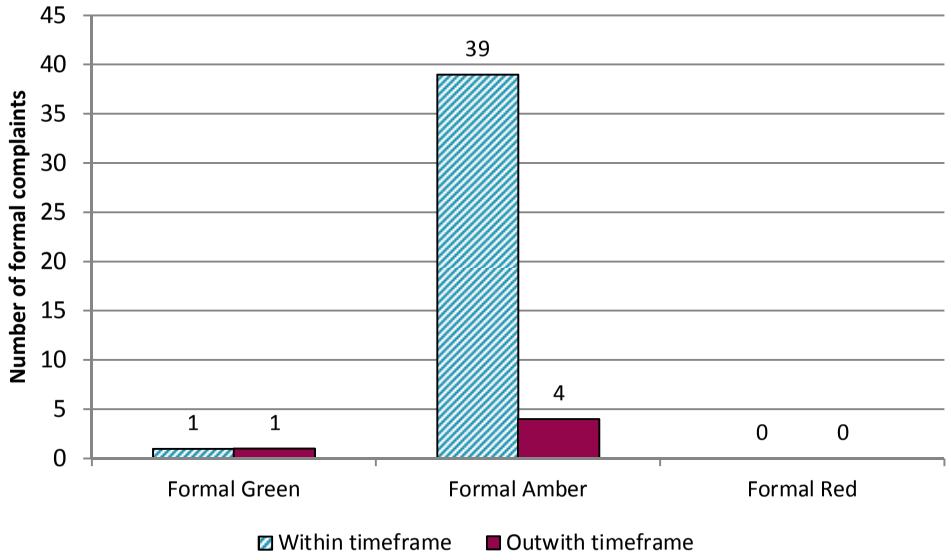


Figure 12: Number of formal complaints responded to by month - February 2016 to January 2017

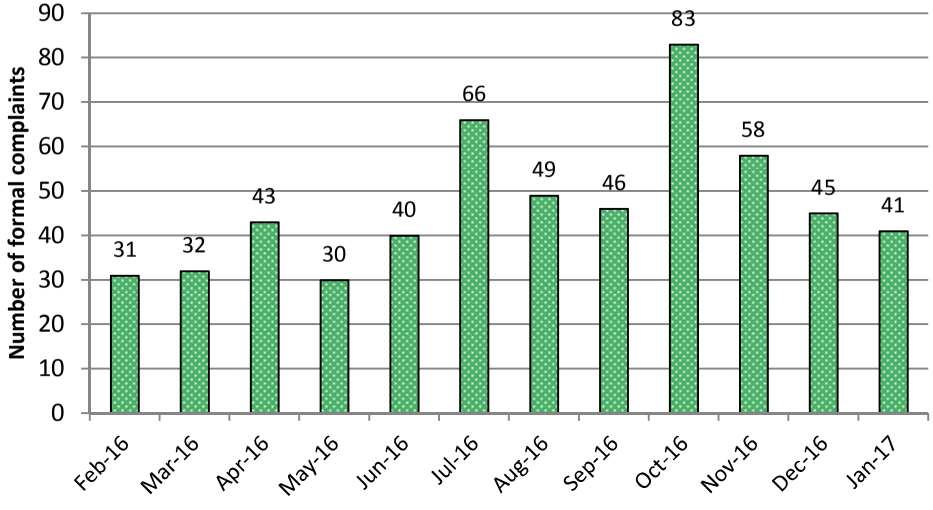
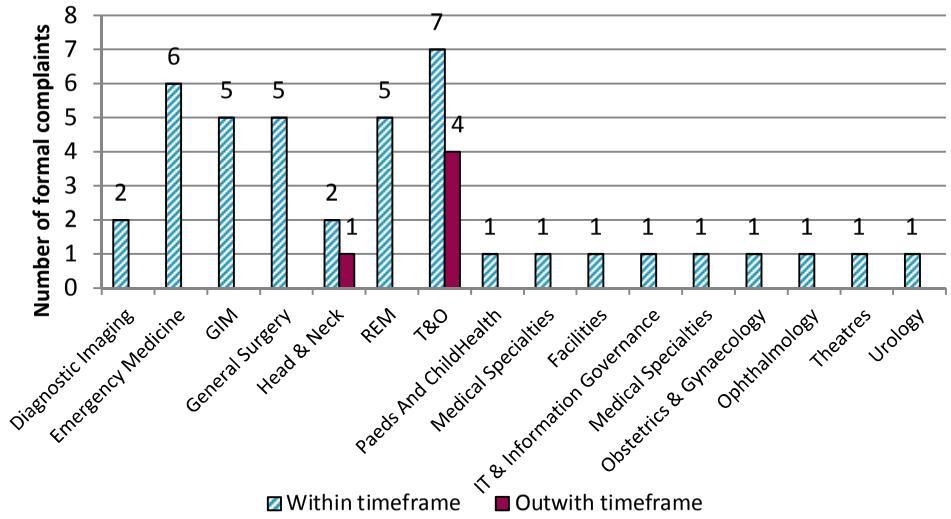


Figure 13: All complaints within and outwith timeframes by directorate - January 2017



NURSING WORKFORCE
LEAD: DIRECTOR OF NURSING & PATIENT EXPERIENCE

1.7 NURSING WORKFORCE

1.7.1 National Indicators/Monitor Governance Indicators

- Fill rate is the percentage of actual hours out of planned hours for Registered Nurses (RN), Midwifes (RM) and Care Staff on day shifts and night shifts
- Care Hours Per Patient Day (CHPPD) is a ratio of staff hours to patient count at midnight
- Number of incidents relating to nursing & midwifery staffing recorded on Safeguard Incident Reporting system
- Turnover is the percentage of leavers out of all nursing and midwifery staff employed, as recorded on ESR
- Sickness absence is the percentage of full time equivalent days lost out of all contracted full time equivalent days available, as recorded in ESR

Consequence of failure: Patient safety, patient experience, quality/outcomes & reputation

Number of incidents compared to fill rates for SRH and SEI (see figure 14):

Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
No. of incidents		50	69	26	30	29	39	45	83	67	85	118	128
Fill rate	SRH	92.57	92.00	94.00	93.00	93.00	93.00	92.00	92.00	93.00	93.00	92.00	90.00
	SEI	94.04	95.00	94.00	96.00	95.00	94.00	94.00	93.00	96.00	97.00	94.00	97.00

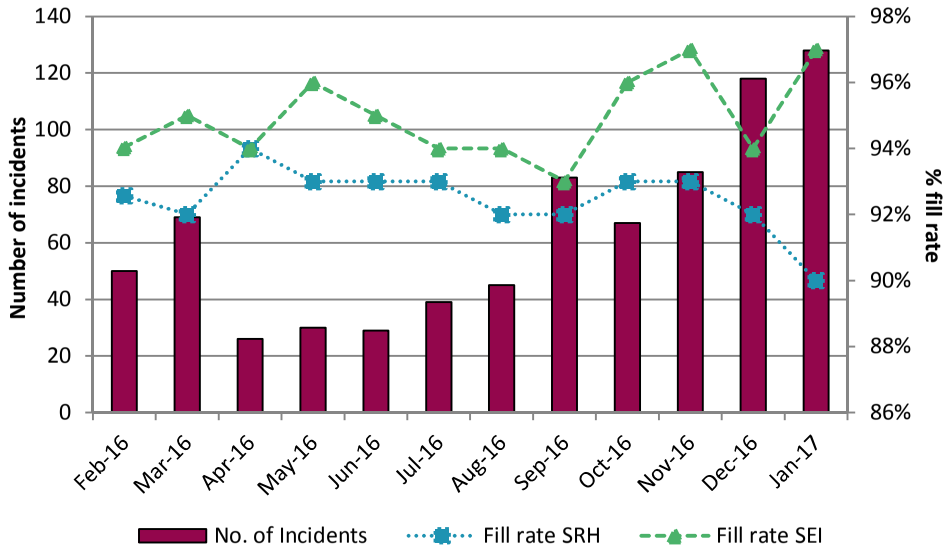
Failure to achieve 100% fill rates can be explained by RN/RM vacancies, maternity leave, sickness, and additional beds open. During the month of January there were 36 additional beds open on D42, D44, D47 and E54 for the whole month, to support winter pressures. There were 13 wards in January with RN fill rates of less than 80%. The majority of these were in Division of Medicine, which has the highest number of vacancies. Whilst the overall number of falls reported in January (152) was slightly lower than December (157), the number of patients sustaining harm has increased, from 57 in December to 67 in January. It should be noted that these falls were not identified through the staffing incident forms submitted but through clinical incident related discussion at RRG. Attempts have been made to triangulate this data with staffing incidents but it is not always possible and is for further consideration by the team.

NHSP continues to provide support to wards to mitigate shortfalls. There were 15,085 hours supplied in January compared to 13,488 in December. 49.7% of requests were filled compared to 44.4% in December.

At the end of January there were 82.09wte approved RN vacancies, this does not include 33.12wte who are currently undergoing pre-employment checks.

The annual ceiling total nursing agency spend for CHS has been set at 3% of our total nursing staff spend. Historically nursing and midwifery agency spend within the Trust has been minimal. Agency spend year to date is 0.02% due to the need for specialist mental health nurse support for a patient in Care of the Elderly.

Figure 14: Trust Nursing Fill Rate and Incidents Trend February 2016 to January 2017



Fill rates – January 2017	Day		Night	
	RN/RM	Care staff	RN/RM	Care staff
Family Care	88.00%	91.00%	94.00%	72.00%
Medicine	78.00%	109.00%	81.00%	95.00%
Surgery	83.00%	98.00%	84.00%	117.00%
Theatres	100.00%	83.00%	100.00%	88.00%
SRH Total	**90.00%**			
SEI Total	**97.00%**			

Care Hours Per Patient Day (CHPPD) January 2017	SRH	SEI
	7.0	14.9

1.7 NURSING WORKFORCE (continued)

1.7.2 Incidents relating to Nursing and Midwifery Staffing

In January there were 128 incident forms relating to Nursing and Midwifery staffing, an increase from December (118). These were not isolated to ward areas. Figure 15 shows a breakdown of these incidents.

There were 43 incident forms submitted by nine wards when RN staffing was below "trigger" numbers, this is a slight increase from December (39). On all occasions the duty matron implemented the nurse staffing escalation plan, which meant that in some areas skill mix was not as planned but area had the right number of staff. On some occasions this was not possible and the duty matron risk assessed areas and moved staff according to risk. Duty matron submitted 11 incident forms this month when staffing across the Trust was difficult with several wards below minimum numbers, either due to sickness, acuity of patients or to support the additional beds open for winter pressures. On all occasions duty matron moved staff around to ensure all areas were safe.

General Internal Medicine and Medical Specialities continue to submit the highest number of incident forms this month (61). This is in part due to the high number of vacancies and long term sickness, and the moving of Registered Nurses to support the additional beds open for winter pressures. Support is provided form NHSP and duty matron, and staff have now been identified for escalation.

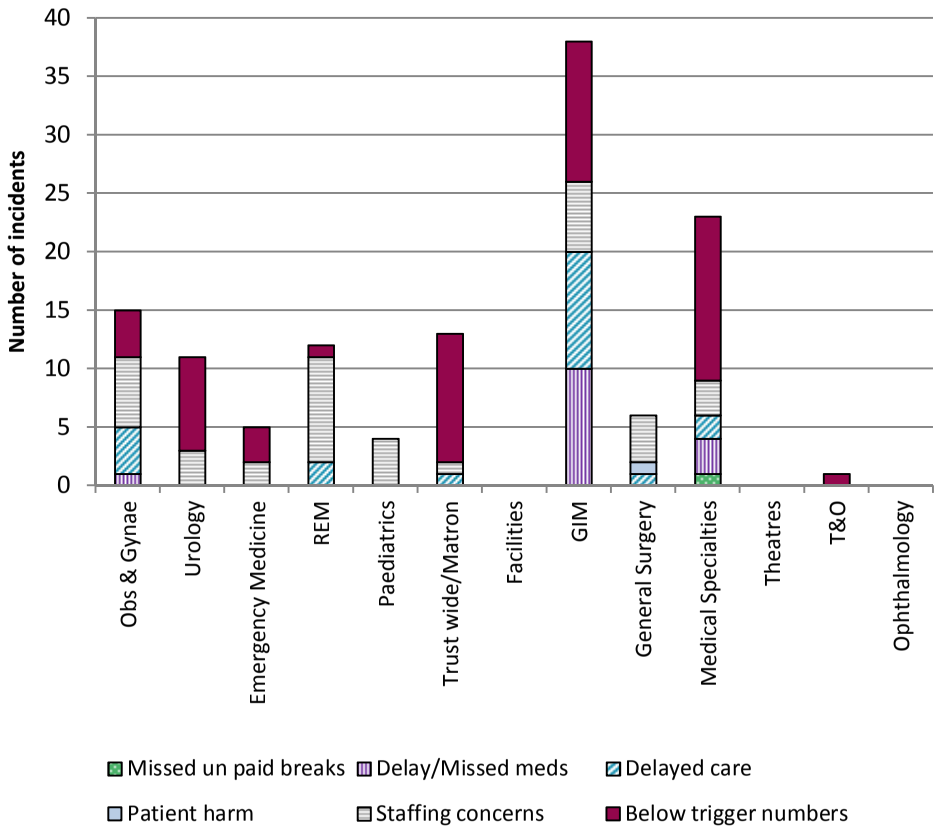
1.7.3 Workforce Update

Monthly generic band 5 recruitment continues. 18 Healthcare Assistants received job offers following interviews on 30 January 2017. This will further support winter pressures as well as fill remaining HCA vacancies, and place HCAs in areas that have significant RN vacancies.

Overseas nurses continue to arrive, to date 23 are in post. There are now 11 nurses who have passed Objective Structured Clinical Exam (OSCE). There are three booked for February and two booked for March, with dates being planned for March for a further two, with two still awaiting a decision letter from the Nursing and Midwifery Council.

To support winter pressures, the pay rate for NHSP staff was increased one pay point to spine point 3. Significantly, overtime has also been offered to all staff working additional hours with effect from 18 January 2017. It is difficult to quantify the impact of this, however, anecdotally staff morale has improved; there are occasions when some wards are still working below predetermined minimum numbers.

Figure 15: Incidents Relating to Nursing & Midwifery Staffing - January 2017



Absence turnover for January 2017:

Absence/ Turnover January 2017	Absence					Turnover	
	Absence FTE	Available FTE	Absence Rate	Short Term Absence	Long Term Absence	Headcount	WTE
HCAs	1416.22	19744.14	7.17%	2.96%	4.21%	-	-
RNs	2181.07	42032.53	5.19%	2.28%	2.98%	-	-
RMs	333.29	3623.75	9.20%	1.72%	7.48%	-	-
Overall	3930.58	65400.42	6.01%	2.45%	3.56%	1.30%	1.35%

HOSPITAL ACQUIRED INFECTIONS
LEAD: MEDICAL DIRECTOR

2.1 HOSPITAL ACQUIRED INFECTIONS

2.1.1 MRSA bacteraemia

There were no new cases of MRSA bacteraemia in January 2017. Total cases for 2016/17 are five against an annual limit of zero avoidable cases.

February 2017 update: There were no new cases of MRSA bacteraemia in February 2017. Total cases for 2016/17 are five against an annual limit of zero avoidable cases.

2.1.2 C. difficile infection (CDI)

Three cases were reported as Trust apportioned in January 2017, which is in line with monthly trajectory. The year to date position at the end of January is 22 since six cases were upheld at appeal (April to September) against a trajectory of 28. One further case remains outstanding at appeal from December 2016.

The C. diff rate per 100,000 bed days for the previous 12 months up to January 2017 is above the target, at 15.5. By comparison, the national rate for the latest 12 month period available (May 2015 to June 2016) was 13.4 per 100,000 bed days.

Cases of C. difficile infection per month February 2016 to January 2017:

Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
6	8	1	8	2	1	2	2	3	4	2	3

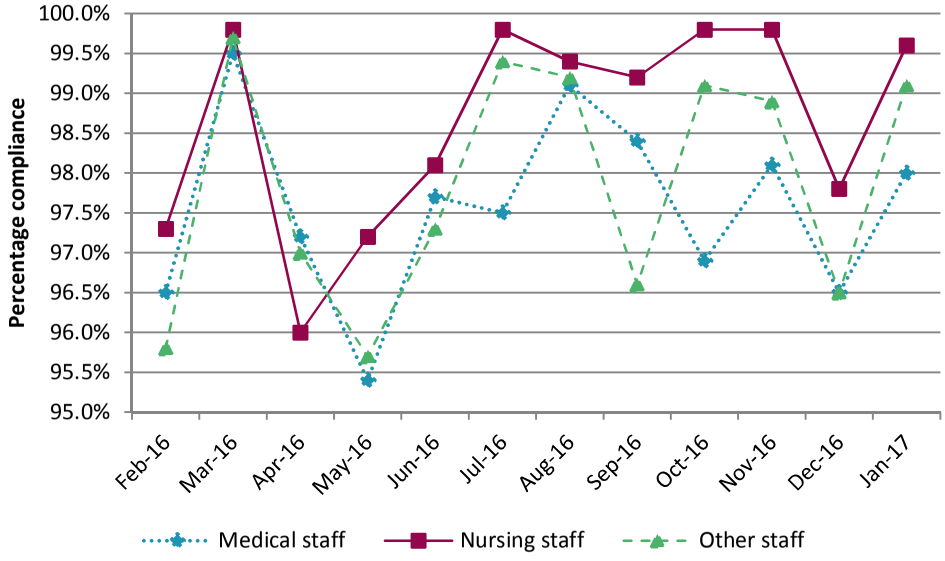
February 2017 update: One case was reported as Trust apportioned in February 2017 which is two below monthly trajectory. The year to date position at the end of February is 23 since six cases were upheld at appeal (April to September) against a trajectory of 31. Three further cases remain outstanding at appeal, one from October 2016, one from December 2016 and one from January 2017.

2.2 HAND HYGIENE

Monthly hand hygiene compliance audit data is presented on ward/department dashboards Trustwide. Areas which fail to attain 98% compliance will be escalated to action plan in accordance with the Trust hand hygiene procedure.

Hand Hygiene results showed 98.9% compliance with hand decontamination for January (1229 observations). Further analysis of compliance is presented as 98.0% medical staff, 99.6% nursing staff and 99.1% for other staff. Figure 16 shows compliance across the last 12 months.

Figure 16: Hand hygiene results February 2016 to January 2017



2.3 SEPSIS ASSESSMENT AND MANAGEMENT UPDATE

Dr Alistair Roy (Consultant Anaesthetist) attended Clinical Governance Steering Group on the 31st January in his role as Trust Sepsis Lead and Chair of the Trust Sepsis Group. The purpose was to provide an update on the national drive for improving sepsis practice in hospitals and how this was being responded to locally.

The presentation was dominated by Trust performance in CQUIN where national indicators have been set to improve sepsis screening, rapid antibiotic administration and appropriate empiric review. These applied to Emergency Departments last year but for 2016/17 they now extend into all 'back of house' areas. This adds significantly to the challenge of introducing change at scale and using electronic solutions as part of routine practice. To date, our performance shows that we are achieving only partial payments against the CQUIN reconciliation criteria but there are many examples of clinical engagement with the new process.

Significant training and education of staff has been undertaken by the Critical Care Outreach Team. Routine reports sent to wards show their individual performance and trajectory which is also complimented by face to face visits and teaching 'on the spot'.

In other developments within sepsis:

- The Trust is incorporating new NICE guidance into its sepsis work meaning that there are new sepsis grading definitions to guide practice,
- We continue to take an active part in the Regional Group looking at harmonising assessment and management practice across peer Trusts,
- We continue to take part in the Regional Serious Infection Project (AHSN/NEQOS) which includes monthly review of sepsis patients and upload to a Clarity web portal,
- Identification of sepsis champions on wards,
- A dedicated page for sepsis on the Trust Intranet page.

Guidance from NHS England shows that sepsis will be part of Trust CQUIN schemes until 2019 which sets out very clearly the challenges ahead for the Organisation.

2.4 PATIENT SAFETY ALERTS (NHS IMPROVEMENT)

Patient safety alerts are issued via the Central Alerting System, a web-based cascading system for issuing safety critical information quickly into the NHS and other organisations. They rapidly warn the healthcare system of risks to patients and provide guidance on actions to take to prevent potential incidents happening that may lead to harm or death.

Following a review of the Patient Safety Alert System in the Trust by AuditOne (new name for Internal Audit) it was recommended that the arrangements for monitoring compliance with these alerts should be further strengthened. The revised process now involves oversight by the Clinical Governance Steering Group.

The following alert has been approved for 'sign-off' that the Trust is now complaint with the recommendations:

- NHS/PSA/RE/2016/005 – Resources to support safer care of the deteriorating patient (adult and children

All the other current 'live' alerts are on track to meet the completion deadlines.

2.5 END OF LIFE REVIEWS

In July 2016 a new process for reviewing in-patient deaths was introduced to enable better analysis of the quality of care patients received prior to their death. All deaths coded Z515 (Specialist Palliative Care) or Z518 (End of Life care) now receive a structured and detailed End of Life (EOL) review undertaken by the Trust End of Life Facilitator. The review is based on the national 5 domains / priorities of care for those in the last few days or hours of life (Leadership Alliance for the Care of Dying People Report).

In August 2016 the review process went live on Meditech with a roll-out plan for training wards with the care of the dying documentation. The report focuses on August and September 2016. There were 84 EoL reviews completed for these months, this accounts for 34.4% of deaths in the period. Some of the main findings are;

- Evidence that staff recognise that patients are approaching death; whilst the discussion with the patient and family is documented it is not always contained within the care of the dying documentation,
- Most patients were given the opportunity to express their concerns and have their needs addressed, although the emotional and spiritual aspects needs improving,
- Evidence that DNACPR discussions take place with the patient and family,
- Evidence of regular medication review and anticipatory medication prescribing,
- Discussions around nutrition and hydration at end of life needs improving
- Discussions about tissue donation is low despite staff training,

Some of the initial reviews show only small differences in outcomes between wards that are live and have had training with the care of the dying documentation and those that haven't done so yet. The End of Life Facilitator has been asked to attend CGSG in May to present the Q3 report and discuss the impact for training and the priorities for the Trust.

CLINICAL GOVERNANCE UPDATE (continued)
LEAD: MEDICAL DIRECTOR

2.6 CLINICAL GUIDELINES

Multiple sources of clinical guidelines and associated documents exist across the Trust, many of which are out of date. There is little evidence of a standard process, document management or archiving arrangements. There are also no dedicated resources to support guideline monitoring and implementation in the Trust.

The risks to the Trust in terms of patient safety are self-evident.

Paul McAndrew, Deputy Medical Director, has been tasked to review the current governance around Trust clinical guidelines and prepare a 'case for change' to present to the Executive Committee. The solution will be based on a document management system that will give consistency in the process of developing, authorising, maintaining, reviewing, updating and archiving of Trust clinical guidelines.

A number of meetings have already taken place with Clinical Governance Leads and senior clinicians in specialties to canvass opinion on the steps that need to be taken to work towards the new centralised system.

The options to move towards a more robust organisational plan for clinical guidelines that is fit for purpose will be highlighted to Executive Board in April/ May 2017.

2.7 MORTALITY REVIEW PANEL

The Mortality Review Panel is to be reported on a quarterly basis as a separate agenda item.

PATIENT SAFETY
LEAD: DIRECTOR OF QUALITY & TRANSFORMATION

3.1 PATIENT SAFETY

3.1.1 Incident report

Data extracted from the Ulysses (Safeguard) Risk Management system provides details of the activities of the Rapid Review Group (RRG) during January 2017.

CHS incidents reported

Figure 17 demonstrates the number of CHS related incidents that have been reported via Ulysses each month during the last 13 months. It shows an increase of 61 reported incidents (5%) in January compared to the previous month. In comparison to the same month in 2016, this is an increase of 2 (0.16%).

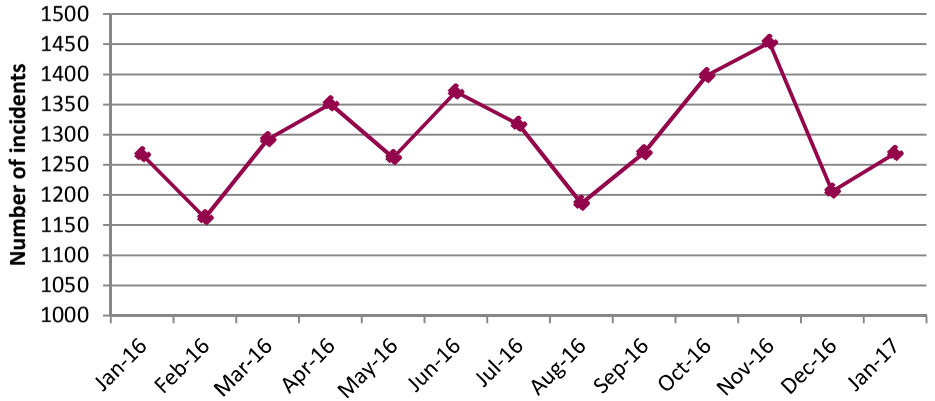
CHS incidents by impact

Figure 18 shows the incidents reported by impact over the last 13 month period. The percentage of no harm/near miss incidents as a proportion of CHS incidents reported is 55% in January, which is in line with the annual average.

There were zero incidents which were confirmed via the RRG process as having caused major or extreme harm in January.

In December, nine incidents were reported as having caused major or extreme harm, all of which were downgraded following consideration by RRG. Seven incidents were reported as having major or extreme severity in January and will be reviewed at RRG.

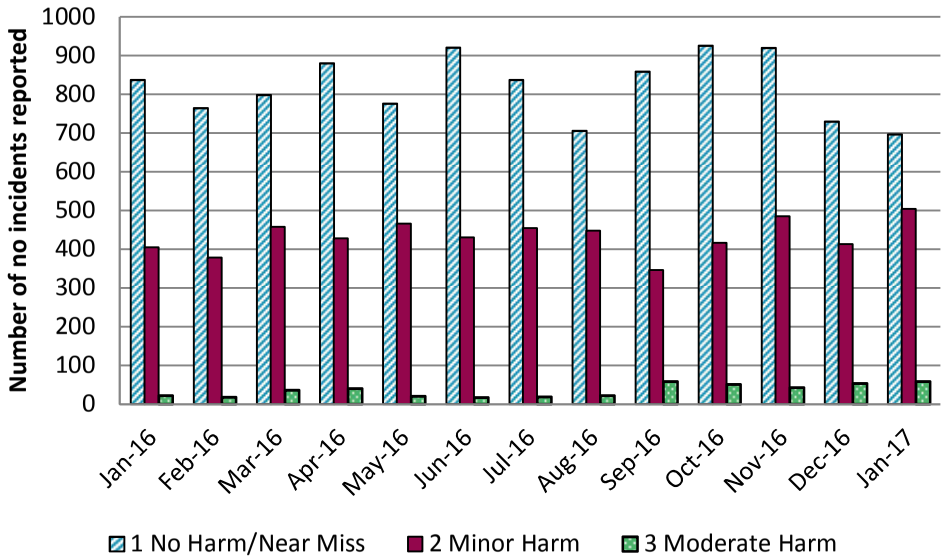
Figure 17: Number of incidents reported January 2016 to January 2017



Data for Figure 17: Incidents reported by category January 2016 to January 2017

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
No harm/ near miss	837	764	798	880	776	921	837	706	859	926	920	730	697
Minor harm	405	378	458	428	466	430	454	448	346	416	485	413	504
Moderate harm	22	18	36	40	20	17	19	22	58	51	43	53	58
Major harm	0	3	1	0	2	0	3	6	8	5	2	3	4
Extreme harm	0	1	0	1	0	0	1	2	2	3	2	6	3
Total	1264	1164	1293	1349	1264	1368	1314	1184	1273	1401	1452	1205	1266

Figure 18: Incidents reported by impact January 2016 to January 2017



Reported incidents for January 2017 (additional information to accompany fig 18):

Major harm	Extreme harm
4	3

Actual impact of incidents for January 2017:

Major harm	Extreme harm
0	0

PATIENT SAFETY (continued)
LEAD: DIRECTOR OF QUALITY & TRANSFORMATION

3.1.1 Incident report (continued)

High Impact Safety Messages

There were no high impact safety messages issued in January.

Headlines

Key messages from RRG are cascaded across the Trust on a regular basis. The headlines this month focused on:

- The importance of medications when patients are 'nil by mouth'.
- Appreciation of the pressure that staff are currently under and assurance that the Trust is working towards solutions to ease the pressure.

Top 5 incidents by cause group

Top 5 cause groups for all CHS incidents reported in January 2017 were:

- Tissue viability (17%)
- Falls (13%)
- Human resources (11%)
- Assessment, diagnosis and Investigation (7%)
- Consent, Communication and Confidentiality (7%)

Root Cause Analysis (RCA) investigations

All completed RCAs are agreed by the directorate and are reviewed by RRG for approval before circulation both internally and, where appropriate, to external organisations. Figure 19 demonstrates the number of RCAs commissioned by RRG per month and by level of investigation.

During January, RRG commissioned three RCAs. Figure 20 indicates the status of RCAs by category, showing 71 out of 74 RCAs are overdue. Following a full review of the RCA backlog paper and its acceptance by Executive Committee and Governance Committee, work is ongoing to close relevant RCAs. Ongoing investigations are being cross-checked to verify that they are not required as part of a complaint response or inquest investigation. The CCG SI panel has approved the exercise in principle and has already agreed to decommission six RCAs designated for removal that are also declared SIs. Three more SIs are currently being considered for decommissioning.

Figure 19: RCAs commssioned by level of investigation January 2016 to January 2017

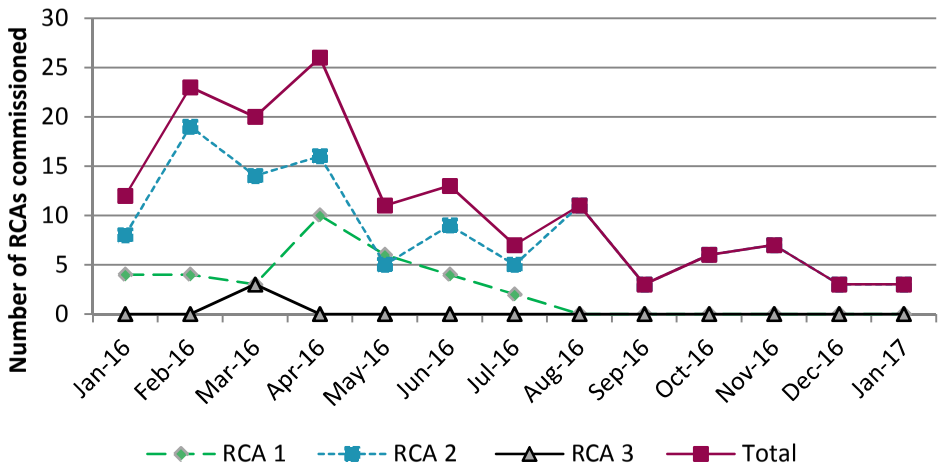


Figure 20: Status of current RCAs – January 2017 (previous month in brackets)

	Overdue >3 months	Overdue <3 months	Within	Total
RCA Level 1	0 (0)	19 (19)	0 (0)	19 (19)
RCA Level 2	47 (49)	5 (5)	3 (7)	55 (61)
RCA Level 3	0 (0)	0 (0)	0 (0)	0 (0)
Total	47 (49)	24 (24)	3 (7)	74 (80)

PATIENT SAFETY (continued)
LEAD: DIRECTOR OF QUALITY & TRANSFORMATION

3.1.1 Incident report (continued)

Serious Incidents (SIs)

SIs are reported via Strategic Executive Information System (StEIS) and monitored through North East Commissioning Support Unit (NECSU). CCG SI panels review completed RCA reports, consider downgrade requests and close the investigations.

The deadline for completing SI investigations is 60 working days from the date reported to StEIS. Figure 21 demonstrates the number of incidents logged on StEIS by month.

The current status of SI investigations broken down by directorate is recorded in Figure 22. Figure 23 shows the status of SI investigations over the last 13 month period. Six SIs remain overdue. This figure is net of the SIs decommissioned by commissioners. 14 SIs have been considered by commissioners and are awaiting further information or clarification from the Trust, while 13 are awaiting consideration. The number of SIs within target is currently four.

Figure 21: SIs reported to StEIS January 2016 to January 2017

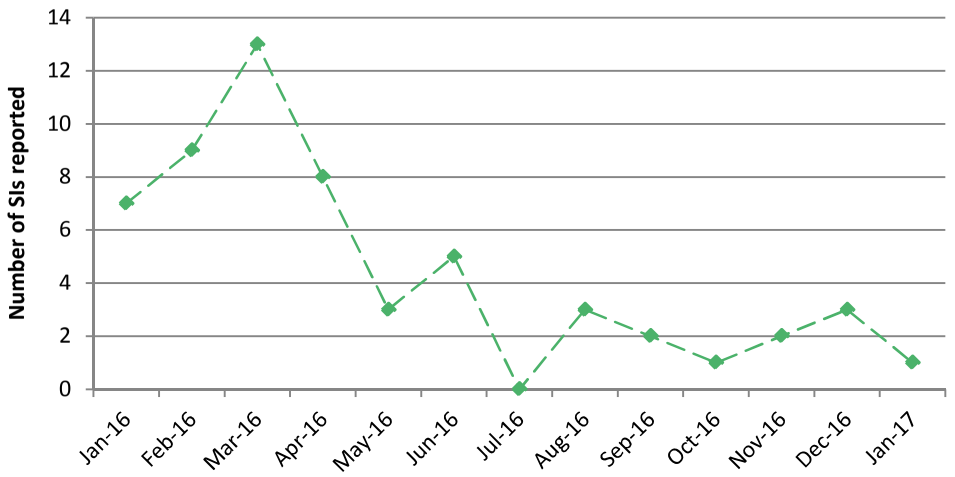


Figure 22: Status of current SIs - January 2017

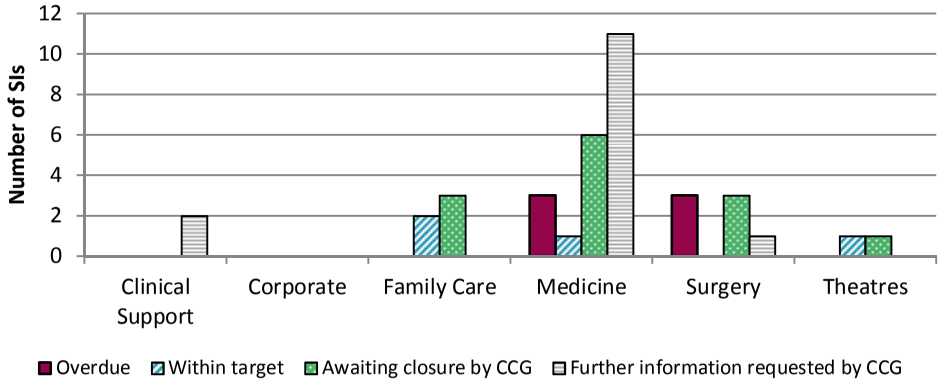
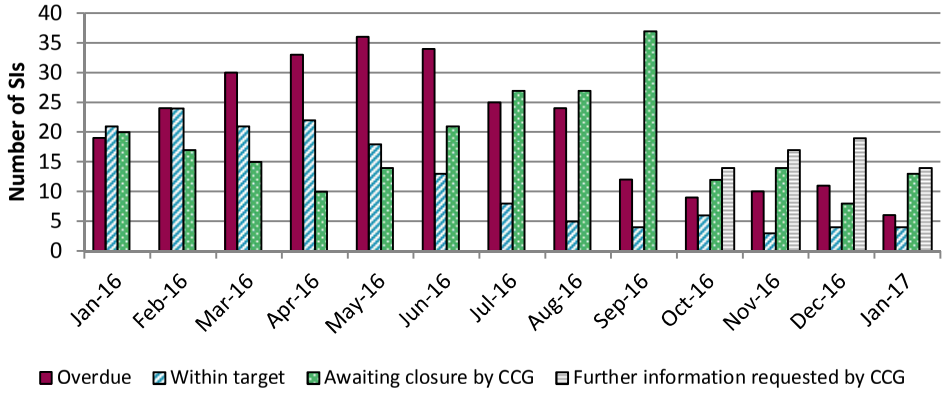


Figure 23: SI status January 2016 to January 2017



Data for figure 23: SI status January 2016 to January 2017:

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Overdue	19	24	30	33	36	34	25	24	12	9	10	11	6
Within target	21	24	21	22	18	13	8	5	4	6	3	4	4
Awaiting closure by CCG	20	17	15	10	14	21	27	27	37	12	14	8	13
Further info req by CCG	Not collected									14	17	19	14

PATIENT SAFETY (continued)
LEAD: DIRECTOR OF QUALITY & TRANSFORMATION

3.1.1 Incident report (continued)

Serious Incidents (SIs) (continued)

Figure 24 demonstrates the compliance with the quality indicators for SIs.

The risk team continue to work closely with directorates to assist in completing all overdue SI investigations.

SI quality indicators

The actual compliance against the quality indicators for January demonstrates that the Trust is not submitting completed RCAs to the CCG within the 60 working day deadline. Although the number of outstanding SI investigations has reduced, the timeliness of submitting these within the target has not yet been met.

Figure 24: SI quality indicators

December 2016	Target	NOV	DEC	JAN
SIs reported on STEIS within 2 working days of identification of incident	90%	100% (2/2)	100% (3/3)	100% (1/1)
Interim reports received for Never Events within 24 hours	90%	N/A	N/A	N/A
Interim reports received for SIs within 72 hours	90%	100% (2/2)	100% (3/3)	100% (1/1)
Completed RCA submitted within 60 working days	90%	0% (0/1)	33% (1/3)	0% (0/1)
% of lessons learned entered on STEIS for completed RCAs	90%	100% (1/1)	100% (3/3)	100% (1/1)
Requests for further information sent to CCG SI panel within one month	85%	33% (2/6)	No requests received	100% (1/1)

Never Events

There were no incidents reported in January 2017 that were classified as Never Events.

Duty of Candour

During January, four incidents were confirmed as resulting in moderate or above harm, resulting in the formal requirements of Duty of Candour to be applied, i.e. interested parties have been informed, received an apology and been offered a copy of any investigation reports.

3.2 SAFETY THERMOMETER

Current Position

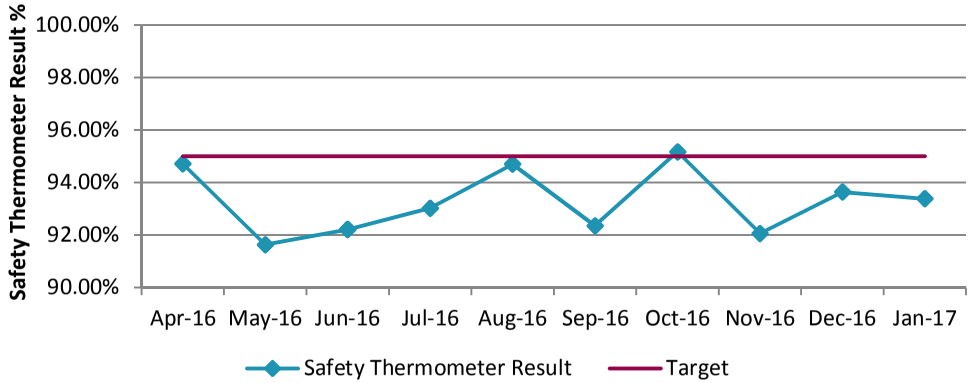
Figure 25 shows Safety Thermometer prevalence data. We reported 93.38% harm-free care in January 2017 (a 0.26% decrease from the 93.64% we reported in December). This is below both the national average of 94.06% and the median of 93.14% (range: 86.72% to 99.21%) of harm-free care reported by acute hospitals in December.

Our total number of new harms decreased from 22 in December to 13 in January. (Please note, the harm-free care calculation incorporates all reported harms, not just the "new" harms.)

Our percentage of harm-free care is based on:-

- Pressure Ulcers (PUs)
- Falls in care resulting in harm
- Catheter-related urinary tract infections (UTIs)
- Venous Thromboembolism (VTE)

Figure 25: Safety Thermometer Results February 2016 to January 2017



OTHER ISSUES TO NOTE

4.1 CCG DEPARTMENTAL VISITS

The CCG visited the main Outpatients Department in December 2016. The report has been checked for factual accuracy and a management response to the recommended actions prepared. The CCG recommendations included improvements to the display of patient and staff information, reception desk arrangements and appointment letters. Several of the changes are already in progress and the Outpatients Department Management team are considering and taking action on the recommendations as appropriate.

4.2 EXCELLENCE REPORTING

Excellence Reporting was successfully launched across the Trust on 14 February 2017 and was well received by all staff. Data and themes will be reported in future.

CORPORATE RISK

5.1 CORPORATE RISK REGISTER

The Q3 corporate risk register was considered and approved by Corporate Governance Steering Group in January. The Q3 corporate risk register contains 23 risks compared to 16 in Q2. 19 of those risks are currently scored between 15 and 20. The four remaining risks are scored between 4 and 12.

All these risks continue to be the subject of work to mitigate their impact, likelihood or both, although those local risks which were also included on the Q1 and Q2 risk register have apparently not yet been mitigated sufficiently for their owners to reduce their scores.

Operational risk register management has improved and residual issues will be picked up via Divisional General Managers in Q4.

5.2 GOVERNOR PRESENTATION

A workshop was held with governors in January in respect of adverse event management and risk management, in order to ensure a common understanding of processes.

5.3 INTERNAL AUDIT

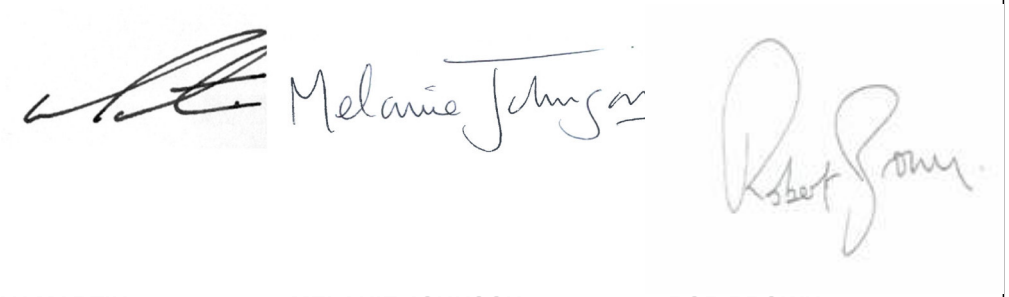
An internal audit of the Trust Risk Management Strategy and Board Assurance Framework was carried out in February and results are awaited.

CONCLUSION

6.1 SUMMARY OF KEY RISKS

Members are asked to note the report.

- The continuing increase in Community Acquired Pressure Ulcers and focus on understanding the reasons behind this and any resulting actions that could be taken.
- Reductions in nursing fill rates in a number of areas and the work to further understand the impact on this on safety, quality and experience.
- Importance of further improving responsiveness to the timeline requirements for serious incident reviews.



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