Present:

Nick Marsden (Chair), Peter Hill, Dr Christine Blanshard, Lorna Wilkinson, Claire Gorzanski, Emma Taylor, Kate Hannam, Steve Long, Nigel Atkinson, Malcolm Ace, Jan Sanders (Governor)

In attendance:

Helena Eagles (Minute-taker)  
Jonathan Wright  
Dr Carl Taylor, Mandy Cooper, Andrew Stagg, Colette Martindale  
Hazel Hardyman  
Gill Sheppard  
Fiona McCarthy, Dr Julian Hemming

Apologies:

Fenella Hill, Fiona Hyett, Lydia Brown, Sarah Mullally, Mark Stabb

Nick Marsden welcomed everyone to the Committee, particularly JS who is attending for the first time, and NM confirmed the meeting was quorate.

CGC0901 MINUTES OF THE MEETING HELD ON 24th July 2014

ET suggested amendments to the wording regarding C.difficile and antimicrobial prescribing on p.8 and p.9. These amendments were agreed by the Committee (post meeting note, amendments completed by HE).

Following these changes the Committee approved the minutes as an accurate record of the meeting.

CGC0902 MATTERS ARISING/ACTION TRACKER

May 2014 CGC0503 Frimley Park Visit – Core Services Presentations & Committee Membership

Covered under item CGC0904, the Core Services presentations are now up and running. Item complete.

July 2014 CGC0703 Raising Concerns Survey Update

CGz stated that Public Concern at Work are coming to SFT on 13th November to present at the Clinical Governance Half Day. Whistleblowing Top 10 Tips for Staff will be available as a handout. Item complete.

July 2014 CGC0710 Annual Customer Care Report 2013/14 and Complaints Survey

Covered under item CGC0903.

July 2014 CGC0712 Quality Indicator Report Q1 2014/15 including C.difficile action plan and MRSA bacteraemias

Covered under item CGC0911.
CGC0903 Quality Impact Assessment for the Cost Improvements / Transformation

JW explained that this process was formally introduced in April 2014 and the assessment looks at the benefits to patients against the quality indicators and patient safety. In this year there are 318 CIPs identified.

JW highlighted the tables in the report and explained the scoring process. Scores up to 10 are monitored through the Programme Support Group and scores over 12 are monitored at Joint Board of Directors.

CB – there has been a learning curve on Quality Impact Assessments and it is challenging to accurately score services and work out the potential quality impact. The process needs sufficient detail on each scheme and what is actually entailed.

NM asked what the check and balance system is as we need to be assured on this matter. LW stated that the effects need to be monitored over time. JW responded that the projects are on the monthly reporting schedule for PSG.

CB discussed the various levels in governance and how the process is managed. The schemes with a higher impact on quality are monitored at a higher level.

The Committee noted the report and were assured.

CGC0904 Committee Membership – junior doctor & nurse attending CGC

CGz introduced the paper and explained the review of the membership of the SFT CGC came about after CGz and LB attended Frimley Park’s CGC. CGz then ran through the potential terms of reference for the attendance of a junior doctor and nurse and how this could be implemented.

Clare Page has already identified a possible junior doctor candidate but there was lengthy discussion about how best to recruit the junior doctor and nurse.

PH felt that there needs to be a selection process as this is a fantastic career development opportunity for a junior. There needs to be strict criteria.

NA supported this idea as a fair way to find a representative.

SL suggested that this could be part of the Talent Management programme and PH agreed it could and should be taken into account. One issue is that junior doctors move through the system and away from SFT. It may be a more appropriate way to identify a junior nurse.

CB stated that although this opportunity would have definite benefit for development this is not the primary purpose. The reason for suggesting that a junior doctor and nurse attend is down to the Keogh review and Francis report. If there is a selection process rather than a nomination we would want to select someone who is best placed to represent busy clinical areas.

PH agreed that SFT need a representative who can tell us what it is like on the frontline.

NM asked for the Committee’s decision as to whether the representatives should be selected from a number of candidates as part of a formal process or recruited via nomination.
CB felt that the selection process may be more beneficial next time and PH suggested that a 1 year tenure would be more appropriate rather than a 2 year tenure. It was agreed that this is a good compromise.

CGz noted that there is a junior doctor at SFT who had been on Frimley Park's CGC and this paper was based on how the Committee works at Frimley Park Hospital.

**Action:** Seek nominations for both a junior doctor and junior nurse for the CGz and report back in October.

**STRATEGY**

**CGC0905 Patient Story (Children & Young People’s Service)**

CT presented a Powerpoint describing a multi-disciplinary process of a child protection case. The child originally presented to ED and then Paediatrics became involved and the child was admitted to Sarum Ward. A core discussion followed involving a Radiologist, Orthopaedic Surgeon and the named doctor and nurse for safeguarding.

CT discussed the assessment and diagnostic process and explained how the child protection process was initiated with involvement from Social Services and the Police.

The case was discussed regionally to ensure that SFT’s care was correct and discussed internally so that learning points could be disseminated.

PH asked about the interaction with parents in the process and CT confirmed that as soon as a child protection issue is raised the parents are notified and Paediatrics are very up front about it.

CGz felt this was a very good story which demonstrates the complexity of the issue and provides assurance that all actions are followed up.

CM – there is a real emotional cost for staff involved in the process.

The Committee thanked CT for the informative and detailed presentation.

**CGC0906 Directorate Report (Children & Young People's Service)**

CT began by asking for responses to the report and CB responded that this is exactly the kind of report we want to see at this meeting.

**Safe:**

CT explained how the service works and discussed the high patient turnover which can be affected by cystic fibrosis patients. The peak patient age is children under one year, the majority of children seen are under 2 years old. The inpatient peak is in December and the Day Unit peak is in September.

CT highlighted the assurance and safety governance processes for the department which include clinical risk meetings, safeguarding meetings, clinical governance sessions, cleaning and infection control and staff development.

Any child who dies in the hospital aged under 18 has a child death review, most cases are not unexpected as the patients have serious health conditions. Occasionally there are unexpected deaths and there is a special system for these cases.

Paediatrics have their own pharmacist and the Electronic Prescribing System will start in...
this department.

SFT does well with regard to Dr Foster data which is reviewed every year. Peer reviews have also taken place recently.

Effective:

This is a Consultant Led Service with a complex rota. Handovers are vital and are done up to 4 times per day. Consultants are present twice a day at the weekend.

SFT meets guidelines for clinical care well. The Royal College of Child Health put these guidelines in place with a view to closing small centres but SFT meets these guidelines and should exist.

Caring:

MC reported on the caring aspects and explained that the new unit has really helped with this matter. The unit is more pleasant for children and parents can be accommodated. The team tries to ensure continuity of care for complex cases.

Responsive:

CT reports that the department keeps up to date and responds to the changing needs of patients.

Well Led:

There is constant change with regard to community paediatrics and with the influx of Forces personnel into the area SFT could see 500 more patients per year in a few years time. This will impact on the department.

MC leads the nursing team very well.

Concerns:

Staffing is a concern as Paediatrics do not meet RCN guidelines but it feels like a safe service. CT believes that the CQC will bring up staffing levels in an inspection.

Guidelines on ICID are not always easy to find.

PH raised 2 issues:-

1) Children’s Community Nurses.
   A tendering exercise is happening at present and PH is going to a meeting this afternoon where this item is on the agenda. CT explained that the role of these nurses and how they will be utilised will depend on how Wiltshire defines the role. The same goes for physiotherapy.

2) Prediction on increase in admissions due to Army personnel.
   PH asked CT whether he had any concerns about the survival of the service in comparison to the new Children’s Hospital at Southampton. CT has no concerns as SFT already works together with Southampton and we have joint clinics with them. Only a small amount of care is referred to Southampton by SFT.

LW agreed that the unit is well-led and responsive and many services could learn from the Paediatric service. The transparency with parents is excellent.

Fiona Hyett has been working on some activity tools and the staffing concerns have been noted.
CM discussed an initiative which will be trialled in the winter where a night-time nursing assistant will replace by a third registered nurse on nights. The workforce review and skill mix review have been done.

CM is very proud of the team and their flexible approach.

CB – there is ample evidence that this is a safe service. CB really likes the fact that this service has a real learning culture and has innovative ways to approach learning.

MC and CT agreed that the team work closely.

CGz – the report was very comprehensive and well supported with data. CGz asked for permission to share this report with others and CT agreed.

The Committee noted the content of the report.

CGC0907 End of Life Care Strategy Update (paper for noting)

Update on progress with End of Life Care projects in SFT:

1. Link Nurses
   Although the time period for the link nurse programme has now in theory expired, there are still some limited backfill monies available as there was great difficulty in getting link nurses released from their ward duties.

2. 7/7 Palliative Care CNS Hospital and Community NP
   The Palliative Care CNS team 23 month pilot of 7/7 working is in progress. This has funding until end of October 2015. The project continues to go well, with examples of patients being supported to stay at home and avoiding some weekend admissions.

3. Dying Awareness
   The dying awareness event at the Guildhall in May, "Fayre Dying" was very successful with many local organisations participating.

4. EoLC CQUIN
   This is looking at conversations with patients and families about ceilings of treatment, and communication with primary care when patients are nearing the end of their lives. Progress is being monitored at the weekly mortality reviews. There is now a fax proforma to assist with communication with primary care.

5. Documentation for Patients in the Last Days of Life
   Care planning documentation for the last days of life, modified from documentation currently being used in Poole, is currently being trialled in the Hospice. The hope is that it can then be rolled out within SFT, with the support of an End of Life Facilitator.

   A business case has been prepared and has now been submitted to Christine Blanshard and Lorna Wilkinson.

LW advised the Committee that SFT has funded an EOLC Facilitator and this has been agreed in principle, subject to a detailed job description and governance arrangements being in places.

The Committee noted the content of the report.

ASSURING A QUALITY PATIENT EXPERIENCE
CGC0908 Q1 Complaints Report

The main issues from complaints are:

- **Clinical treatment (26)** - sub-themes were unsatisfactory treatment, correct diagnosis not made, inappropriate treatment, further complications, surgery unsuccessful and consent to treatment. There were no themes.
- **Staff attitude (12)** - 11 of these related to nursing staff and 1 to medical staff. A theme was identified and appropriate action was undertaken whilst an investigation took place. Again, a high number of comments were received in praise of staff through Real Time Feedback and the Friends and Family Test.
- **Communication (10)** – sub-themes were lack of communication, insensitive communication and information not given. There were no themes.

**HH** – in Q1 there were 79 complaints compared to 92 last year. Staff attitude is the only theme and where this has been a problem it has been dealt with appropriately.

A number of factors meant that some complaints were not resolved within the timescale.

**MSK** and Surgery both had an Ombudsman case. MSK’s was not upheld and SFT is awaiting the response for Surgery.

**ET** discussed complaints that come via Pharmacy. Sometimes the main point of the complaint is lost amongst technical information and is not answered.

**SL** agreed that from the complaints he has sampled some are too full of jargon and the tone of letters can be too confrontational.

**ET** will forward the pharmacy complaint to **LW** and **SL** will email **LW** the four complaints he sampled.

**LW** – a Complaints Workshop will be running at the start of October.

**LW** would like to see more use of telephone calls in the complaints process rather than just letter writing.

The Committee noted the report.

CGC0909 National Maternity Survey 2013 – Update on Action Plans

Four areas of work were identified. All actions have now been undertaken.

Managers and supervisors will continue to monitor these areas to ensure continued adherence. The results from real-time feedback and comments from the Friends and Family Test will be used to identify any future areas of concern and steps will be taken to address these as necessary.

**LW** and **GS** explained that this report came to the Clinical Management Board yesterday.

The four areas of work were:

1) NICU mothers and hospital meals – there is ongoing dialogue with Catering to resolve this issue
2) Poor discharge – work has been done and we continue to monitor. There has been a decrease in discharge incidents recently.
3) Quality of interaction schedule – this item is not formally in place but the

Page 6 of 16
supervisors of midwives have set up their own programme.

4) Upgrades to bathrooms – the postnatal ward upgrades are mostly complete.

The survey is likely to be repeated in 2016.

**CGC0910 Piloting New Approaches for National Surveys**

The pilot survey received responses from 7,141 patients across all participating Trusts, a response rate of 49%. Due to the small number of Trusts taking part in the pilot, the decision was made to benchmark results against the 2013 national survey and all the Trusts that took part in that survey.

SFT scored ‘about the same’ as most other trusts in all 10 overall sections; its scores were almost identical to 2013.

SFT scored ‘worse’ than most other trusts for one question. In 2013 it scored ‘about the same’:
- Did you ever share a sleeping area with patients of the opposite sex?

SFT scored ‘better’ than most other trusts for two questions. In 2013 it scored ‘about the same’:
- Discharge delayed due to wait for medicines/to see doctor/for ambulance
- Length of delayed discharge

Compared to its own 2013 results, there was a statistically significant decrease in the 2014 Pilot results in two areas:
- Did you ever share a sleeping area with patients of the opposite sex?
- Did you get enough help from staff to eat your meals?

There was a significant increase in three areas:
- Did a member of staff say one thing and another say something different?
- After you used the call button, how long did it usually take before you got help?
- Were you given enough notice about when you were going to be discharged?

**Conclusions of the Pilot**

Several Trusts reported that the level of information received on a weekly basis was not practical and that most Trusts would wait until the end of the survey to look at their results and take any action necessary.

The format for the national inpatient survey 2014 will remain, i.e. only one wave of patients will be sampled. For Salisbury, this will be patients who had at least one overnight stay during the month of July 2014.

A decision has not yet been made by the CQC as to whether there will be any changes to the methodology for the surveys going forward.

LW – GS led this piece of work earlier this year.

GS – the survey run by Picker aimed to increase the sample size and run in two waves, rather than just one wave as always happened in the past. The two waves chosen were to survey in December and February but it would have been much more useful to have one wave in the winter and the other in the summer and avoid December altogether. This pilot was not done in-house but by Picker. Only a few Trusts took part so for the results SFT was only compared to the 2013 results. It has not been agreed whether a two wave system will be implemented in future, this year’s survey is running on the old system of one wave.

CGz – GS is very experienced in running these surveys and was able to advise Picker.
CB & LW congratulated GS as this involved a lot of hard work.

NM felt that it was good that SFT has been able to have some influence in the process.

The Committee noted the report.

**ASSURING CLINICAL EFFECTIVENESS**

**CGC0911 Quality Indicator Report inc DSSA, Action Plan for C.difficile and Ribotyping Report**

- 4 cases of C Difficile.
- No MSSA bacteraemias for three months.
- 4 new serious incident inquiries.
- A decrease in the crude mortality rate. SHMI remains 108 to December 2013 and is as expected. HSMR has declined again and is 96 in April 14 and is as expected. There is the potential for an up to an 11 point rise in October 14 when figures are rebased. Sepsis Six care is the key improvement action being undertaken.
- A decrease in grade 2 pressure ulcers. One cluster identified.
- Safety Thermometer – 88% ‘harm free care’.
- Three falls resulted in moderate harm, two of which were a fractured ankle and a wrist and one which was a complex dislocation of a finger. All three were managed by plaster cast.
- Fractured hip patients being operated on within 36hrs increased to over 90%.
- A decrease to 80% of patients moving to the stroke unit within 4 hours. Action is in place to ensure all staff are familiar with the referral pathway. A decrease in the percentage of patients spending 90% of their time on the stroke unit. A significant increase (95%) of high risk TIA referrals seen within 24 hours.
- Escalation bed capacity and ward moves remain low. No non-clinical same sex accommodation breaches.
- Real time feedback showed patients felt they were treated with care and compassion and rated the quality of care as good. The Friends and Family test response rates were sustained in inpatients, but fell to 15.5% in ED and decreased in the Maternity Services. A new measure of the Friends and Family test response rates for outpatients and day cases shows a response rate of 14.1%.
- Q1 staff FFT shows 97% of staff are extremely likely or likely to recommend the hospital as a place to receive care or treatment and 83% are extremely likely or likely to recommend the hospital as a place to work. In a Health Service Journal survey comments from our staff have placed the Trust in the top 100 best healthcare organisations in the country to work. The assessors said “There is an open and honest feel at Salisbury Foundation Trust and a genuine desire to give good quality care throughout all levels and departments of the organisation.”

CB ran through the highlights on the Quality Indicator report. There have been no MSSA bacteraemias in the past 3 months but there was a never event in September. This is disappointing as the last never event was in 2012. This will be reported as a serious
HSMR was discussed – the figure will be rebased soon.

The last Global Trigger Tool was in June and SFT was well below target. The Golden Patient Initiative has been reinstated with regard to fractured neck of femur patients. This has resulted in improvements.

Stroke care – on the whole we are on target to achieve.

The criteria for patient moves will reduce from 3 moves to 2.

LW discussed C.difficile in August. SFT stands at a total of 13 out of an annual target of 18.

SFT is doing well with pressure ulcers, there have been no grade 3 ulcers since April and a decrease in the number of grade 2 ulcers.

LW continues to keep an eye on falls.

The Safety Thermometer was discussed. SFT has 88% harm free care against a national average of 93%. The 88% is a combination of old and new harms and indicates that community providers may have some trouble with reporting harms. SFT’s hospital acquired harms are at the national average.

**Action Plan for C.difficile**

FM and LW discussed the Wiltshire CCG Critical Friend visit which resulted in the drawing up of the action plan which is reviewed monthly at the Infection Prevention and Control Working Group. Actions are progressing. This is the third version of the action plan which looks at 4 areas. FM is still working closely with hospital areas that have patients admitted with symptoms of C.difficile – time to isolation and sampling are key. All information will be in the policy, this is a good piece of work with input from pharmacy and clinicians.

ET and FM raised the matter of antimicrobial prescribing and the need for someone to help engage medics. Action: LW/FM/ET to discuss outside this meeting and then CB will take this forward.

FM – there is an ongoing issue trying to get involvement for multi-disciplinary C.difficile rounds.

Trials have taken place with different colour aprons to minimise cases of cross contamination across clinical areas and this has been a good exercise.

Acticlor Plus is being trialled on four wards and cleaning results will be reviewed.

Education – additional workshops are being put on and ward visits to support.

PH commented on staff attitude and asked how learning from root cause analyses is embedded. The Infection Control team are great but we need to make an effective connection across all areas.

LW reported that this has been raised regularly at the Matron's Monitoring Meeting and Nursing & Midwifery Forum. Problems have been fed back to ward leaders and the IC nurses are on the wards as a check and balance system, particularly on Redlynch and Pitton. The Infection Prevention & Control Working Group is very active, not just on C.difficile.
Ribotyping Report

JH explained that ribotyping is a way of looking at a particular strain of C.difficile and we can use it to compare what is prevalent in the community with the types seen in the hospital. It helps review the various strains seen in SFT so we can make comparisons to look for cross contamination.

It is a useful tool to help make analysis easier and decide whether there are any staff or environmental factors.

The predominant strains seen at SFT are not all cross contaminants.

Ribotyping is done in Bristol and the labs are overwhelmed with requests. Ribotyping can only be done under strict criteria.

In January – April 2014 SFT had 14 identifiable ribotypes and the predominant strains are what is prevalent in this region.

This test is used when we think there may be a potential link in cases and can help focus the infection prevention and control measures.

NM stated that LB and SM were keen for this as part of the assurance process.

NA asked whether there had been any cases in September and JH confirmed there have been no cases yet.

CB asked JH about cross-contamination and how long it can take for symptoms to develop. JH responded that this can depend on the patient, those on antibiotics will develop symptoms more quickly. Not everyone who has C.difficile shows symptoms.

The service is free at point of use but SFT has to have agreement before sending off samples for testing.

LW – the next tranche of data has come through and Infection Control will be looking at this in detail at IPCWG.

The Committee noted the report.

CGC0912 Internal Audit Programme Six Monthly Update

- In 2013/14 both outstanding audit recommendations have been completed.
- In 2014/15 three audits have been undertaken. Of the 9 recommendations, 8 have been completed and one partially completed.

CGz briefly ran through the content of the report. SFT has made good progress.

SL – CGz has really got to grips with the internal audit programme and NM commented that the report was of a much higher standard than those he had experienced in other organisations.

The Committee noted the report.

CGC0913 Monitor Quality Governance Framework (Annual Self-Assessment)

- The report is structured around the Quality Governance Framework and the work needed to ensure compliance with the NHS Outcomes Framework in 14/15.
The Quality Strategy and Quality Account are the key drivers for improvement. The quality priorities in 14/15 reflect the needs of patients and other key stakeholders.

The Board is assured that effective arrangements are in place to continuously monitor and improve the quality of care and areas highlighted that require improvement are effectively addressed.

CGz – this report discusses our self-assessment against Monitor's framework.

1) Strategy – looks at overall progress and the Quality Account is the driver.
2) Capabilities and Culture – clear leadership, good governance, good progress on embedding a culture of learning and improvement.
3) Structure and process – SFT’s governance structure is robust.
4) Measurement – good data quality can be demonstrated and it is used to learn and improve.

CB – SFT regularly reviews the data we present to the various committees. Some information is externally monitored but others are only reported internally. SFT has a high contribution to national audits and this is another external governance measure.

SL suggested some of the data which is only monitored internally could be shared with other local Trusts for best practice.

CB – where we have shared our data the feedback has been good, such as with KPMG's positive opinion on the Quality Account.

The Committee noted the report.

CGC0914 Major Issues Report

The following matters were reported:-

1. GMC national training survey 2014
2. The Kings Fund Medical Engagement – a journey not an event
3. NICE Safe Staffing guideline published.
4. Local publication of staffing levels.
5. Transforming urgent and emergency care services in England a progress update.
6. NHS England – Understanding the new NHS.
8. NHS 5 year forward view (5YFV)
10. The Care Act 2014 consultation
11. ‘Sign up to Safety’ is a new national patient safety
12. Duty of candour and Deprivation of Liberty after the Cheshire West Case
13. NHS Choices website.
14. Staff Friends and Family test results published.
15. Pitton ward refurbishment completed.
16. Expansion of the mobile chemotherapy unit areas visited.

CB summarised the report and discussed the NHS England guidance. The Department of Health has produced a new framework and there is a five year forward view with consultation on the Care Act.

SFT will join the Sign Up To Safety system with LW and CB as the leads In due course this item will come back to CGC.

The Mobile Chemotherapy Unit is now running 4 days per week.
We have seen an increase in DoLS reporting following the Clinical Governance Half Day presentation in June.

The Committee noted the report.

**CGC0915 External Enquiries & External Agency Visits Biannual report**

**National Reviews**

Three reports were published within the reporting period. These have been considered within the Trust and actions are being taken where appropriate to ensure best practice within SFT.

Actions from six reports published in preceding reporting periods are progressing satisfactorily.

**National Confidential Enquiries**

One report was published within the reporting period. An action plan has been developed to address non-compliant areas. Progress is being monitored through the Clinical Management Board.

Actions on 14 recommendations from five reports published in preceding reporting periods are progressing.

Difficulties have been experienced in recruiting a consultant geriatrician to address recommendations from “An Age Old Problem” published in November 2010 but the job plan is being re-worked to try to address this.

**External Visits**

Twelve visits took place within the reporting period. Actions are being taken to address areas of non-compliance.

Actions from six visits in preceding reporting periods are progressing satisfactorily.

**National Clinical Audits**

Thirteen reports were published within the reporting period. Actions in all areas are being monitored by the Clinical Management Board.

Actions from 5 reports published in previous reporting areas are progressing satisfactorily.

GS – there have been three reports in this period and actions have been taken where appropriate. Actions are outstanding from six reports.

Steps have been taken regarding the action for geriatrician cover.

LW and NM agreed that this is a very comprehensive report and is very good to read.

The Committee noted the report.

**CGC0916 Mortality Working Group Report**

Salisbury NHS Foundation Trust figures: (Including hospice)
SHMI
Jan 2013 – Dec 2013 = 107.61

HSMR
Jan 2013 - Dec 2013 = 114.7

Current HSMR = 92.7

Lessons learned:
1. Specific terminology used by clinicians in the notes determines how the case is coded and therefore how the Trust is paid. For example 'Working diagnosis' of malignancy can be coded while 'malignancy' cannot be.
2. The Gastroenterologists now communicate the outcome of their MDT meeting to the GP as well as to the hospital team to enhance communication which is vital in end of life palliative situations. This is good practice which should be spread across the Trust.
3. There was evidence of a high quality caring approach in Salisbury with a nurse arranging for a terminally ill patient to see his dog in hospital.

CB reported that the reviews have been looking at individual clinical areas which have been red flagged. These can change as only small numbers of patients can mean a red flag goes on the system. The reviewers take a multidisciplinary approach when looking at the notes. Key learning points are disseminated.

A new respiratory physician has been appointed this week and they will be assisting with this work.

The mortality reviews do not identify many avoidable deaths per year.

41% of all deaths in the hospital now have notes reviewed. Information is disseminated weekly by email.

The Mortality Working Group is responsible for implementing measures to improve communication with primary care and there is an associated CQUIN.

The Committee noted the report.

CGC0917- Francis Report and Hard Truths the Journey to Putting Patients First action plan update

- The Francis report requires us to focus on listening to patients, being open, honest and truthful and acting with care and compassion. We have looked at all 290 recommendations and how they apply to us as a Trust. For 200 recommendations implementation is being led by other organisations. We consider that we are now compliant with 84 recommendations and partially compliant with 6 recommendations.

- Hard Truths the Journey to Putting Patients First provides the Government's detailed response to the 290 recommendations in the Francis Report and accepts all the recommendations either in part, in full or in principle. It sets out a five point plan to prioritise care, improve transparency and ensure that where poor care is detected, there is clear action and accountability. We are confident as a Trust that we have a sound governance process in place to prevent, detect and act on problems promptly.

- The Trust has made good progress in responding to the recommendations in the Francis Report and has continued to build and strengthen a culture of compassionate care, learning and improvement in the care we give our patients. The focus of our improvement work has been on:
TIAA Audit Report on Implementation of the Francis Recommendations

- TIAA surveyed 12 NHS organisations and although SFT was not one of them we felt it would be helpful to review ourselves against the key findings. The survey focused on seven key recommendations made in the Francis report: common values, fundamental standards, openness, transparency and candour, compassionate, caring and committed nursing, leadership, accurate, useful and relevant information and cultural change.

- Overall, it is pleasing to see that considerable work has been undertaken to assure the Committee that the recommendations made in the Francis report have been acted upon. Of the 9 key issues, the Trust considers it is compliant with six and partially compliant with three issues. In these areas, actions are already on-going to continue to improve.

CGz explained there were three elements to this report which are Key Areas such as working with patients and building leadership skills, the Hard Truths Report which was the government's response to ensuring each organisation has a governance structure in place and the TIAA Review of 12 other organisations and how they implemented the Francis recommendations.

The Committee noted the report.

CGC0918 Berwick Report Update

- The report was commissioned by the Government to examine ways of improving safety in hospital following the failings at Mid Staffordshire NHS Trust. The single most important change is to improve the culture in the NHS to become a system devoted to continual learning and improvement.

- The report sets out ten recommendations. Over the last year, the Trust has made substantial progress in improving the culture of learning and improvement throughout the organisation. Central to this has been continuing to put quality and safety at the heart of everything we do, to listen to our patients, develop our staff and be transparent to inform our learning.

- SFT’s progress update is set out in the action plan in the appendix of the report.

CB – the report focuses on the culture of learning and development, putting safety at the heart of everything we do. It is gratifying to look at these 10 recommendations and demonstrate how we have taken actions against each one.

NM asked if SFT had any deficiencies and CB responded that SFT does not have any major gaps but will require ongoing assurance and vigilance.

LW – this is a good report.

The Committee noted the report.

ASSURING SAFETY
CGC0919 Risk Annual Report

Key Items to note are:
- Progress against the strategic goals as set out in the Risk Management Strategy (2013)
- Progress against the Annual Risk Management Plan 2013/14 (Appendix 1)
- Part Year progress report against the Annual Risk Management Plan 2014/15 (Appendix 2)
- Annual Report Card 2013/14

LW reported that DATIX web is now partially implemented, there is good progress on SII's and reviews and this puts SFT in a good place with regards to Duty of Candour.

FHi is constantly looking to improve ways to develop any learning within SFT.

The 2014/15 priorities are detailed within the report.

The Committee noted the report.

CGC0920 Risk Report Card Q1

- 846 incidents reported over the quarter
- No incidents categorised as catastrophic
- 4 incidents categorised as major*
- 3 major incidents due to fractures within the quarter
- 0 Never Events reported within the quarter
- 1 new Clinical Review commissioned within the quarter
- No new Non-clinical Reviews commissioned within the quarter
- 6 new Serious Incident Inquiries commissioned within the quarter
- 2 new Local Reviews commissioned within the quarter

*Initial grading and subject to change following review.

LW ran through the report and highlighted the safeguarding process. This is reviewed monthly at the Clinical Risk Group which will take place this afternoon.

The Committee noted the report.

PAPERS FOR NOTING

The Committee noted the following:-

CGC0921 Clinical Risk Group, June, July 2014
CGC0922 Clinical Management Board, July, Aug 2014
CGC0923 Information Governance Group (no meeting until Sept 2014)
CGC0924 Integrated Safeguarding Committee (no meeting until Sept 2014)
CGC0925 Children & Young People’s Quality & Safety Board, June 2014

CGC0926 ANY OTHER URGENT BUSINESS

None raised.

NEXT MEETING

ALL
Thursday 23rd October, 10am-12pm, Boardroom.