Sign up to Safety Improvement Plan

Public Board

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Presented for: Information and Discussion

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Previous Committees: Quality Committee

Trust Goals

The best for patient safety, quality and experience ✓

The best place to work ✓

A centre for excellence for research, education and innovation

Seamless integrated care across organisational boundaries ✓

Financial sustainability

Key points

1. The NHS Litigation Authority (NHSLA) is supporting the Sign up to Safety campaign whose objectives are to reduce avoidable harm in the NHS by 50% over the next three years.

2. The NHSLA is providing a financial incentive to members who are participants in the campaign by offering a payment of up to 10% of a Trust’s annual CNST contribution to support implementation of Safety Improvement Plans aimed at reducing high value/high volume claims.

3. The Trust has committed to the Sign up to Safety campaign and has developed a Safety Improvement Plan. The first draft of the Plan mainly focused on the Maternity Services improvement programmes, as this is the area in which the Trust wanted to be considered for the NHSLA funding and was submitted to the
Sign up to Safety campaign office on 19 December 2014.

4. Following feedback from the Sign up to Safety Campaign Office and wider lead clinician engagement in the Trust, the Safety Improvement Plan has been developed further, ahead of submission on 16 January 2015. In addition to the Maternity Services improvement programmes, the national patient safety priorities that the Trust has chosen as part of the Safety Improvement Plan reflect those contained in our Quality Improvement Strategy 2014-17 and new CQUINs for 2014-15.

1. SUMMARY

The national Sign up to Safety Campaign office have recommended that the Safety Improvement Plan (SIP) include patient safety priorities in the following areas;

- Cross cutting system
- Safety specific
- Disease specific

Thus the priority areas and associated aims that are currently included are;

- Cross cutting system
  - Patient deterioration; reduce the incidence of cardiac arrest calls by 70% on pilot wards by July 2015
  - Inpatient falls; reduce the incidence of inpatient falls by 50% on pilot wards by April 2015
  - Pressure ulcers; reduce the incidence and prevalence of hospital acquired pressure ulcers; improvement programme and trajectory will be developed alongside the SIP
  - Acute kidney injury; recognition and treatment of patients developing acute kidney injury; standards to be agreed in national CQUIN 2015/16

- Safety specific
  - Maternity events; reduce the incidence and harm from wrongful birth¹, loss of a baby and care delivery events by 50% by March 2018

- Disease specific
  - Sepsis: Recognition and initiation of treatment for patients with sepsis; standards to be agreed in national CQUIN 2015/16

Further consideration is required in relation to how the trust will involve patients and carers in the delivery of the improvement projects outlined in the SIP. One way in which the Trust may consider doing this, is through using a Patient Safety Briefing.

2. COMMUNICATIONS AND INVOLVEMENT

¹ Wrongful Birth: A medical negligence claim brought by the parents of a child born with birth defects, alleging that negligent treatment or advice deprived them of the opportunity to avoid conception or terminate the pregnancy
Following the submission of the draft SIP on 19 December 2014, wider lead clinician and team engagement has been sought.

3. RECOMMENDATIONS

Quality Committee is asked to receive the Safety Improvement Plan and:

- Note the key priority areas that have been included
- Note the progress that has been made on developing the Safety Improvement Plan

Gillian Pearce
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January 2015