

Update from the Safety and Quality Committee

For: Information

Summary: *This report briefs the Board on the key issues discussed at the meeting of the committee on 14 September 2011*

Action: *The Board is asked to note the issues highlighted in the report and agree any further action as required.*

Presented by: Yvette Robbins, Non-Executive Director

Author: Yvette Robbins, Non-Executive Director

Notes:

Trust objective:	Please list number and statement this paper relates to. <i>The Board Committees support the achievement of all of the Trust objectives.</i>
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Legal:	What are the legal considerations and implications linked to this item? Please name relevant act
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Regulation:	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission
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Update from the Safety and Quality Committee

Date	19 September 2011
Author	Committee Chair – Yvette Robbins
Audience	Trust Board Members

1. The Safety and Quality Committee, SQC, met on 14 September 2011
2. The SQC meeting was well attended and the Committee reviewed clinical audit papers, the new SQC dashboard, and the Safety and Quality strategy and received a presentation from Chief of Medicine on the management of risks in the emergency department and a review of never events.
3. The Committee was assured that the Safety and Quality Management and Governance Policy was robust and it was ratified. We were not assured on how the strategy would be delivered, by whom and by when and SQC referred it back to the Management Board for the implementation plans which will deliver high quality safe care. That said, SQC is aware of multiple initiatives and ongoing actions within the Trust to support the safety and quality strategy, and it is the collation and documentation of these various activities in one place that is required by the Committee for its assurance that a comprehensive strategy and plan exists.
4. The SQC reviewed the clinical audit report for 10/11 and the 11/12 programme following a request from the Audit and Assurance Committee following their concerns arising from a red rated internal auditor's report of SaSH's clinical audit activity. The 10/11 report highlighted a number of failings and missed opportunities to better manage the delivery of the programme, seek value from audit outcomes in terms of positive or negative assurance with a lack of focus from the assignment of audits to clinical leads and junior doctors, their supervision and completion of audits and delivery of reports with quality improvements where required. That said, the 11/12 programme provided detailed actions around the management of the assignment and supervision of audits within the Division and centrally and to date 46% of audits have been registered centrally. The Committee is assured that all parties now understand what is required for the success of a clinical audit programme and SQC will be monitoring the progress of the clinical audit programme as well as the implementation of the Internal Auditor's recommendations.
5. The review of five never events identified that the WHO audit checklists regarding safe surgery depended on effective team-working as much as physical checklist at the beginning and end of theatre. While SQC is assured that events are properly investigated, we asked for further safeguard planning to be considered by the Management Board to provide further assurance that Never Events would become just that.
6. Risks in the Emergency Department are a function of too many patients for the design of unit and a programme to increase the physical space in ED had already started and internal working has been changed to streamline patient flow. Doctors' rotas are being flexed to support peak attendances and while recruitment for consultants had been difficult, there is now progress towards a substantive appointment; in the interim, SaSH has been supported by locum consultants and consultants from BSUH at weekends. While a whole system approach was required to address demand, SQC was assured that ED staff were focusing on actions within their control to address issues of performance and patient experience and monitoring their impact with a ED quality & performance dashboard.
7. The Committee's next meeting will take place on Wednesday 12 October 2011

Yvette Robbins, Non Executive Director, Chair of Safety and Quality Committee