

Update from Safety and Quality Committee

For: Information

Summary: *This report briefs the Board on the key issues discussed at the meeting of the committee on 9 November 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:	Safe High Quality Care
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Legal:	What are the legal considerations and implications linked to this item? Please name relevant act Health and Social Care Act 2008
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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 Health and Social Care Act 2008
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Update from the Safety and Quality Committee

Date	16 November 2011
Author	Committee Chair – Yvette Robbins
Audience	Trust Board Members

The Safety and Quality Committee met on 12 October and 9 November.

The Committee was assured that investigations into the above average stroke mortality rate were robust and the analysis revealed that while each of the nine care standards were met, SaSH's patients were more acute and older than the national average. Ring-fencing of beds will further help to provide the best possible care for more patients who have had a stroke.

Assurance behind the above average fracture neck of femur mortality rate was weak at the October meeting, so the Medical Director had sought assurance from the Chief of Surgery on the actions taken. Analysis of the above average rate of surgical site infections for fracture neck of femur in one quarter showed that four patients were involved, all of whom were at high risk of infection because of co-morbidities, more complex surgery and longer operating times. Monitoring of infections for subsequent quarters year would help to provide assurance that SaSH's performance was consistent with other hospitals over the whole year. Moves toward dedicated theatres for elective work and installation of laminar flow systems will further help to reduce morbidity and mortality.

The review of five radiology misses over the last three years by Chief of Clinical Support Services strongly assured the Committee that actions taken to prevent diagnostics misses and failures to act on reported abnormalities would further reduce the very low risk in future.

Clinical audit work is progressing well in three out of four directorates. The Medical Directorate is struggling with their clinical audit workload and especially the large volume of NICE audits required. The Committee identified a lack of governance around statements of non or partial compliance and asked that the Management Board for Quality and Risk, MBQR, seek assurance around progress of the clinical audit programme and NICE compliance.

SaSH was at high risk of non compliance with the CQC standard for nutritional needs based on a poor PEAT report in March which related to lack of choice of food, however, the Committee was assured by further measures taken to improve nutrition and hydration of patients, bedside monitoring, improved choice in the evenings and protected mealtimes.

In response to the high volume of patients in the Emergency Department, ED, challenging our ability to manage admissions throughput, in-patients are discharged early to create capacity. The Medical Director gave assurance that the risks for these patients were balanced against the often greater risks of emergency patients needing beds. Ultimately increased capacity in the emergency department and extra beds within the hospital will help to alleviate these problems. However, Committee has asked for a presentation on discharge planning to assure itself of robust decisions around discharges, discharge planning and timely management of discharge processes.

Understanding of the patient experience in ED grew with a forum for patients and patient representatives last week at which they had an opportunity to share their views of Emergency department with its clinicians who found it helpful. Volunteers will be encouraging patients in ED to give their views using the real time monitoring devices to increase the quantity of patient feedback which will help to drive further improvements.

The Committee was assured that Trust understands the issues around falls with improved risk assessment tools and staff training to use falls prevention techniques such as blue pillow cases, low beds, non-slip slipper socks. However implementation remains the key issue as falls have increased, so we will review progress again next month.

The Committee reviewed the Winter Plan and concluded that while the plan was very comprehensive, its success depended on all partners in the local health economy working together. Michael Wilson and Alan McCarthy will be seeking assurance from our partners.

The Quality Strategy has now been approved with the establishment of working groups to develop action plans for Clinical Effectiveness, Patient Experience and Safety. Implementation is expected to start by the end of the December, progress for which will be reported at the Committee's next meeting on 7 December.