

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 7 December 2011 and 22 January 2012.*

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	31 January 2012
Author	Committee Chair – Yvette Robbins
Audience	Trust Board Members

The Safety and Quality Committee met on 7 December and 22 January 2012 with 2012/13 meetings rescheduled to the fourth Wednesday of the month prior to Board meetings.

The committee reviews monthly progress of the quality strategy and while we are assured that there has been progress in terms of implementation of the strategy, the internal scrutiny by the sub-groups for each of clinical quality, patient safety, patient experience and risk have yet to demonstrate their effectiveness. An update how these sub-groups are functioning has been requested for our next meeting as well as clarity over how the various activities reported this month to the Committee, align with the strategic imperatives and evidence delivery of objectives.

The Committee had a presentation on the recognition and management of deteriorating patients based on the use of the early warning system used by all nurses and HCAs. It was agreed that limited training resource should be better targeted to where it is most needed. The appropriate use of the early warning system is currently being audited and will report its results to SQC.

We also heard about developments in discharge planning with estimated dates of discharge for short stay patients and the move to one stop ward rounds in the morning to ensure timely management of drugs, diagnostics and transport for earlier discharges. The move to electronic discharges notes ensures that GPs are now informed about their patients' condition and management. The Committee also heard about alternative care systems in the Community to help unnecessary admissions as well as their provision of community support to enable earlier discharges. We need to see further evidence of the effectiveness of the community support and one stop ward rounds to feel assured that we are preventing unnecessary admissions and expediting timely discharges of inpatients, especially out of hours.

SaSH is now compliant on Health and Safety following actions to address enforcement notices, however, there is significant underachievement on the delivery of manual handling and fire training, which coincidentally aligns with increasing number of back injuries and minor fires. Conflict training is also much needed to manage the growing number of incidents of staff being abused by patients. Given the importance of training and staff welfare, future H&S reports need to provide more assurance that SaSH is tackling the issues and training issues will be addressed by Investment and Workforce.

Our review of the risk registers revealed that SaSH has much to do to embed risk management into the psyche of all staff. We were not assured that the risk management strategy, now 6 months past its review date, has been implemented. Executives have to lead and own the risks in their areas. Divisional governance agendas will now mandate a regular review of risk registers and risk escalation processes are specified. The Management Board for Quality and Risk, MBQR, needs to review how it works to demonstrate effective leadership and operational management of risks within the trust in order to provide much needed assurance in this area. In the meantime, SQC has added several risk performance indicators to its dashboard to monitor progress.

We have requested that CQC compliance is reported in two ways for future meetings: in addition to the review of published information and its impact on CQC's risk dial, we will seek assurance from the identification and management of risks to compliance from our internal analysis of evidence to support the CQC outcomes and inspections. The Committee seeks to gain greater assurance from this more proactive approach to managing compliance risks before they show up the public radar.

We had a detailed review of our FNOF mortality which showed that the greater the acuity of the patient, the greater the probability of not surviving surgery. SaSH remains an outlier when compared to other trusts due in part to the majority of our patients being elderly and frail. While these patients are scanned promptly and assessed for risk of clots, they then compete with trauma and paediatric cases for timely access to theatre. Executives are developing a plan to address underlying issues of job planning, theatre lists and list management as well as theatre capacity to provide assurance that SaSH is addressing this longstanding problem.

A recent review of complaints highlighted that only one complaint out of fourteen referred to the Ombudsmen was upheld, outperforming other trusts in this area. However, a quarter of our complaints are re-opened. Timely complaint management and actions arising from investigations of complaints are now mandated on the Divisional governance agenda to increase satisfactory resolution of complainants' issues. The Committee asked for confirmation of delivery of actions and that complaint themes were being addressed through the Quality Strategy in order to gain assurance of organisational learning and a reduction in complaints. A similar review of Serious Untoward Incidents, SUIs, will be re-submitted as the report did not explain why SUIs peaked in year or why certain types of SUI had increased significantly, understanding of which is important in order to seek assurance from actions proposed. However it is expected that re-classification of incidents qualifying as SUIs will be confirmed as a key factor.

We received a report on information governance which provided positive assurance of real progress and that SaSH is ahead of other trusts when benchmarked against the regulatory compliance tool. That said, SaSH needs to ascertain its appetite for investment in corporate record keeping which would provide a step change increase in its governance of all information, enabling SaSH to achieve higher compliance ratings.

Positive assurance has been gained from the verbal feedback resulting from the recent CQC inspection and also the independent clinical review, but I will leave this to others to share their findings.

Our next meeting is on 22 February.

Yvette Robbins, Non-Executive Director and
Safety & Quality Committee Chair