Surrey and Sussex NHS
Healthcare NHS Trust

TRUST BOARD IN PUBLIC	**Date: 25th July 2013** **Agenda Item: 2.2**	
REPORT TITLE:	Safety and Quality Committee Chair's Update	
EXECUTIVE SPONSOR:	Dr Des Holden	
REPORT AUTHOR:	Dr Des Holden	
REPORT DISCUSSED PREVIOUSLY: (name of sub-Committee/group & date)	Safety and quality Committee	
Purpose of the Report and Action Required:		**(√)**
	Approval	
	Discussion	
	Information/Assurance	*

Summary: (Key Issues)

The Committee received a variety of presentations on subjects including the Women and Children division's audit programme*, discharge policy and issues for patients with complex needs, discharge summary communication to GPs (SI)*, patient experience and the ward initiatives of meeting the matron or the consultant in respectively surgery and medicine*, finalists for clinical audit project of the year, the work of the ICU outreach team*, regulation with external assessors and the final version of the quality account*. The presentations and the discussions they promoted provided assurance of quality in several areas (*) although further work was requested as detailed in the report

Relationship to Trust Corporate Objectives & Assurance Framework:

Underpins the trust objective of delivering safe, high quality and well evaluated services

Corporate Impact Assessment:

Legal and regulatory implications	Relates to CQC compliance
Financial implications	No direct impact
Patient Experience/Engagement	
Risk & Performance Management	Some assurance provided with suggestions of further work
NHS Constitution/Equality & Diversity/Communication	

Attachments:

Surrey and Sussex NHS
Healthcare NHS Trust

Safety & Quality Committee Chair Update

Date	19 July 2013 (S&QC was on 11 June 2013)
Author	Dr Des Holden (Medical Director) & Yvette Robbins (Committee Chair)
Audience	Trust Board Members

The meeting was held on 11th June 2013 and was quorate.

The audit team from the Women and Children's division presented a summary of their clinical audit programme. The Committee were assured by progress from previous presentations and acknowledged the audit programme was based on a range of national and local priorities drawn from the Royal College and CNST requirements as well as local projects from complaints or from incidents. Recommendations were made that for future presentations (and for those from the other clinical divisions) progress needed to be made in aligning audit programmes, the Board Assurance Framework and the risk register. This could best be accomplished if individual projects and the overall programme were set up at Management Board with audit leads and facilitators taking part in the process. Further attempts to compare findings with those of peers, to compare performance and to gain further assurance that care was of acceptable quality should be made, with comparable data, or a RAG rating applied.

A presentation on new mechanisms for assessing patients for discharge who had complex on-going social and health needs did not assure the Committee that the process was working well to the advantage of patients. At any one time approximately 25% of our patients need multi-professional health in assessing and describing on-going needs resulting in these patients often spending unnecessary long periods of time in acute beds. The Committee asked for information on measurable harm arising from delayed discharge of patients. The interim Chief Operating Officer took actions to lead further discussions at the subsequent Board seminar and to keep SQC updated on progress. *(NB since the SQC and Board seminar the Local Transformation Board has confirmed it will increase community capacity by 100 beds to use as both step up and step down to sub-acute care).*

The recent SI in relation to delayed discharge information reaching GPs was discussed with changes to the system to allow any backlog to be identified within 48h. Assurance was provided however it was noted that a variety of systems are used to communicate with GP practices (as they have a variety of internal systems for us to interface with) and the recommendation was made that we pro-actively check with practices using different systems that they are receiving information.

The Committee heard updates on initiatives to improve patient experience through a 'surgery' based approach on some wards where families could raise concerns or gain information. An up to date strategy for patient experience was requested.

The divisions had presented a number of clinical audit projects for consideration for the inaugural SaSH clinical audit prize. The Chiefs had scored these and four finalists had been selected. The final judging was to be at the management board for Quality and Risk on 17th July. *NB the winning audit was Pain Relief in fractured Neck of Femur, by the orthogeriatric and anaesthetic departments.*

The Chief of Surgery described the role and function of the ICU out reach team and its plans to build on improvements in relation to patients considered for admission to, and discharged from ICU. The Committee was assured that the division had reviewed its performance in this area against national best practice and had defined plans for the future.

There was a discussion on the Trust Development Authority requirements and on Francis (2). It was agreed that the interim Chief Nurse should review the 290 recommendations and ensure that there were none we could be implementing early, ahead of further national guidance.

Des Holden
19.7.2013