

Safety and Quality Committee Chair Update

Summary:	<p>Outputs from two previous committee meetings provide assurance of around ways of working, placing the emphasis now on completion of deliverable action plans and implementation.</p> <p>Views of patient experience in the Trust vary externally and internally and SQC have proposed a review of how we evaluate and measure patient experience, with a view to identifying those initiatives that will have maximum impact on most patients. SQC proposes this project as subject matter within a Board seminar.</p> <p>SQC is proposing a different way of working, current under evaluation, where we focus our assurance of safety and quality around specific patient groups. We want to build a composite view of patient experience based on all triangulating all the hard and soft information available. This will help the Committee to seek assurance around continuous improvement in the patient experience and safer clinical practice.</p> <p>SQC highlight need for Board support around funding of resource for timely implementation of Datix incident reporting system to improve our low reporting levels as SasH is an outlier.</p>
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Action:	<p>The Board is asked to:</p> <ol style="list-style-type: none">1) Accept the summary report2) Accept case for Board seminar to review of patient experience3) support Datix funding.
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Presented by:	Yvette Robbins – Deputy Chair & Committee Chair
Author:	Jo Thomas - Chief Nurse / Yvette Robbins – Non Executive Director

Notes:

Trust objectives:	<p>Deliver Safe, High Quality Co-ordinated Care</p> <p>Ensure Patients are Cared For and Cared About</p>
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Legal:	Health and Social Care Act 2008
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Regulation:	Health and Social Care Act 2008
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Safety and Quality Committee Board Update

Date	May 2012
Author	Jo Thomas – Chief Nurse, Yvette Robbins – Committee Chair
Audience	Trust Board Members

Quality Account

The Quality Account was reviewed by the Committee and the amended version is now with Board members. This year the Trust needs to include stakeholder consultation earlier in the business planning timetable for the development of corporate objectives, which are aligned with the Quality Priorities, which need to be SMART to facilitate progress updates through SQC and the Board.

Safety

The Fracture Neck of Femur, FNOF, action plan was presented by Chief of Surgery which reflected extensive work by trauma, orthopaedic and theatre team to achieve the 36 hour targets. The Trust averages 40-50 fractured neck of femur patients per month and in April 87% of patients had surgery within 36 hours (target 85%) which reflects the significant progress made in recent months. Dr Foster statistics show we are no longer an outlier for mortality relating to FNOF. Sustainability of our performance depends on patients reaching orthopaedic wards within 4 hours, ring-fenced beds and management of peaks in demand.

Aware of the safety alert around mixing drugs in syringe drivers, the Trust will continue to use syringe drivers with pain killers and anti-nausea drugs for our palliative care patients, in line with advice from the Colleges and consistent with the practice of other trusts.

Risk

There has been recognition that additional resource is required to roll out Datix, an incident reporting system, to allow timely electronic recording of incidents as SaSH is currently an outlier for low reporting levels.

Committee received the risk registers for WACH and CSS and were assured that risks included those identified in SUIs and that the register was being effectively managed to reduce the level of risk or to develop contingencies plans. Divisions were challenged to include softer risks related to staff attitude and engagement alongside more tangible risks resulting from obsolete equipment, gaps in training and recruitment.

CQC Compliance

No significant changes were noted in the month.

Complaints

Allowing for additional activity, complaints have gone up by 7% from last year. Staff attitude and cancellations/waiting times for clinic appointments remain the most complained about themes which will be addressed in part by customer care programmes and the new appointment system. Divisions are responsible for addressing key areas of concern arising from complaints in a timely way and where NHS Choice feedback can be attributed, it is fed back to the Divisions for a considered response.

CNST Update

The Maternity Department will be assessed for CNST Level 1 in February 2013 with a proposed fast track for Level 2, 6 months later in August 2013, by which time all the policies will be embedded and our assessment will be based on a year of evidence.

Clinical Effectiveness

Progress in clinical audits was noted across the Trust with 82% of the target audits completed with action plans, which is a 10% increase over last year. Medical and Surgical Divisions presented their audit programmes for 12/13 mindful of their ability to deliver, especially with Medical having a high number of mandatory national audits to complete in year. Where the Trust has a choice, we need to recognise the opportunity cost of engaging in desirable national or regional audits at the expense of local audits which may have a higher impact on quality of practice within the Trust. Rationale for selection of audits needs to be overt and linked to the Divisional risks and Serious Untoward Incidents, SUIs, or the Board Assurance Framework, BAF, as well as developing professional practice. Similarly more work is required to realise value from the completed audits in terms of communicating good audits outcomes as well as sharing learnings and recognising need for changes to practice. Committee asked for clarity around the role and job specification of the Clinical Audit Lead within the Divisions and the reporting of management of safety alerts in their progress updates. While there is more work to do, the Committee acknowledged the progress made.

Patient Experience

SQC needs further assurance around how we review and measure patient experience, given the many different sources of patient information and different perceptions of our performance, internally and externally. Real time monitoring is not significantly representative, low level feedback on NHS Choices is at odds with internal measures and patient surveys are generally out of date. SQC propose that a review of our approach would merit time in a Board seminar so that we can review issues, current initiatives, measurement and communication, to confirm the current patient experience strategy and or include new initiatives that will have the biggest impact for the majority of patients.

Safety and Quality Committee

We are considering a proposal to work in a different way by putting patients at the centre of how we seek assurance on their safety and quality of care as well as seeking assurance around process and compliance with regulators. Our aim would be to take patient group e.g. elderly patients and to focus on their experience and outcomes by ward, emergency department and outpatients as well as by speciality and division. We want to build a composite view by triangulating incidents, complaints, feedback from NHS Choices, risk register, performance dashboards, audits, admission transfer and discharge, etc. On the softer side, we will gather feedback from visits to patient areas, on staff attitude and management of wards as well as the staff survey as staff can make or break the patient experience. In this way, we can assure ourselves of continuous improvements in safer clinical practice and patient experience for individual groups of patients with very different needs. Work is underway to ensure we can do this effectively.