Safety and Quality Committee Chair Update

Summary:	The Committee piloted its patient focussed approach in June to seek assurance around patient safety, quality of care and patient experience by reviewing the journey of elderly patients aged 75 and over from their admission to discharge.
	Clinical engagement was good and we had an informed debate around core issues based on case studies and ward presentations.
	Members felt this patient-focused approach was very beneficial but our template for gathering information needs to be tweaked to provide a better basis for assessment of assurance.
	In July, we reverted to a more compliance-orientated agenda to ensure that the Trust is meeting its regulatory requirements.
	The 3 month implementation programme for the Datix web system has started enabling timely reporting and improving the reliability of data, particularly trends and earlier identification of potential or actual safety concerns.

Action:	The Board is asked to:
	1) Accept the summary report
	2) Note that Datix web programme is starting in July.

Presented by:	Yvette Robbins – Deputy Chair & Committee Chair
Author:	Jo Thomas - Chief Nurse

Notes:

Trust objectives:	Deliver Safe, High Quality Co-ordinated Care
	Ensure Patients are Cared For and Cared About

Legal:	Health and Social Care Act 2008

Regulation:	Health and Social Care Act 2008

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Safety and Quality Committee Board Update

Date	August 2012
Author	Jo Thomas – Chief Nurse
Audience	Trust Board Members

The Committee reviewed two case studies around the experiences of two elderly patients over 75 years of age, tracking their journey from Emergency Department (ED), through to admission and discharge.

The Committee was assured that whilst quality of medical care had not been compromised, patient flow appeared to be primarily driven by operational targets at the expense of patient-focused care. Patients were moved as their acuity decreased to allow bed priority for more acute patients. However, rationale and communications around the moves were not well explained to either the patients or their family.

The Committee agreed that earlier discharge planning and better documentation of the management plan in patients' notes would enable earlier criteria-led discharge and this would mitigate the need to move patients. It was also felt that stronger medical leadership and co-working within the multi-disciplinary teams would widen ownership of agreed pathways and would improve decision-making around the care of individual patients.

The Medical Director will review cases with Chiefs for learning and dissemination. The group discussed using an internal clock for patients who are not on a pathway to reduce assessment waiting times for patients waiting in AMU chairs. Given high number of admissions from residential homes, Kings Fund project is aimed to reduce risk of inappropriate admissions.

Presentations from ED, AMU and SAU identified that patients over the age of 75 years have difficulty engaging in the Real Time Monitoring technology to measure patients satisfaction as well as the question around recommendation of SaSH, RTM take up generally is low and not representative, and currently we do not ask for age of participant. The importance of timely access to therapies is also pivotal to preventing admission and expediting discharge. Patient experience in ED will improve further as new consultants join the team. New pathways for very elderly were in development to help reduce admissions. Comfort rounds are very well received and need to be practised more widely within the hospital (*date*?).

Presentations from Brockham highlighted the very different requirement of the outlying Medical patients compared to their gynae patients. The Committee was assured of their care and w ere impressed with effective management of resources to retain nurses, following high turnover and mitigate loss of gynae examination rooms.   Chief of Medicine was challenged to reduce length of stay to reduce outliers in non Medical wards whilst recognising similar goal of transformation projects.

Medical wards caring for elderly felt challenges remain around timely prescription and dispensing of medications,, as well as ensuring medical and nursing resources were able to provide the care required to meet the complex needs of these elderly patients. Low profile beds were found to be most effective at reducing falls and raised question of more of these beds in use for those at risk of falling. Doctors were meeting or talking to patients' families two hours a week which met the families' need for information.

Given the report template asked wards for one quarter's information, it was difficult for Committee to assure itself of progress in safety ward by ward. Future ward templates will provide greater assurance around the management of staff as well assurance around safety, quality of care and patient experience, with at least two quarters to review.

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The Committee welcomed the new performance dashboard template, now managed by the Governance and Quality team to ensure consistency and accuracy of all information across the Trust, SQC will customise dashboard to meet the needs of the Committee over the next two meetings.

At the July meeting, the Trust's red risk register affecting patient experience, safety and quality care was reviewed and challenged for equivalent rating of risk, actions against current red risks and exception reporting. There were no red risks that were not already identified in the Board Assurance Framework.

Audit plan for CSS and WACH showed shortfalls against 11/12 targets, however, rationale for selection of audits is clearer for 12/13. Mindful of a 2009 SUI, CSS were able to demonstrate value of audits with results providing assurance with <2% rate of omission of findings with no threat to life in head CT scans between Oct 11 and March 12 based on an indicative sample. Also new drug charts have improved record keeping significantly. WACH audits were very responsive to frequent changes of clinical best practice and were actively used to provide teams with assurance of compliance and talked about success around Caesarean sections. Much of this division's audit plan is driven by provision of evidence for external review (eg CNST).

Governance team introduced new way of reviewing CQC compliance by considering four outcomes from a central view and at September meeting. Division will contribute their views of compliance in these areas. This will help to build the annual compliance review in a timely and manageable way.

We discussed response of stakeholders to the Quality Account and identified a positive review and some specific requests from some of them which will be addressed. The issue of stakeholder engagement was raised mindful of requirements under BGAF and the need for an integrated approach.