Surrey and Sussex NHS Healthcare NHS Trust

TRUST BOARD IN PUBLIC	**Date: 31st January 2013** **Agenda Item: 2.2**		
REPORT TITLE:	Safety and Quality Committee Chair Update		
NON-EXECUTIVE SPONSOR:	Yvette Robbins Chair of Safety & Quality Committee		
REPORT AUTHOR:	Dr Des Holden Medical Director		
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Safety and Quality Committee		
Purpose of the Report and Action Required:			**(√)**
To provide the Board with an update on the main issues from the Safety & Quality Committee.		**Approval**	
		Discussion	
		Information/Assurance	√
Summary: (Key Issues)			
Positive assurance was provided on the division of Medicine's approach to using complaints and incidents to inform and direct the management of risk, the Trust's progress on CQUIN and on the process around the development of the Quality Account. Further work on a safety and quality strategy which is aligned with the clinical strategy and priorities is still required.			
Relationship to Trust Corporate Objectives & Assurance Framework:			
Objective: 1 Deliver, safe high quality co-ordinated care.			
Corporate Impact Assessment:			
Legal and regulatory implications	Relates to CQC compliance		
Financial implications	CQUIN delivers 2.5% trust income		
Patient Experience/Engagement	Improving patient experience is fundamental to the work of this committee.		
Risk & Performance Management	Assurance given.		
NHS Constitution/Equality & Diversity/Communication	Relevant to the work of the committee.		
Attachments:			
N/A			

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SAFETY & QUALITY COMMITTEE CHAIR REPORT

1. Introduction

The committee was held one week early without a meeting held in December as had been planned. This and sickness in some of the members and presenters at the committee reduced attendance, but the meeting remained quorate.

Actions from the previous meeting had been completed. Of note a trust wide spot audit of “Do not actively resuscitate” forms identified 62 such forms in patients’ notes, of which 11 were judged to show inadequate evidence of discussion either with the patient or with their family. This audit was conducted within the departments of elderly medicine, and orthogeriatrics. The full audit will be presented to the medical division on an upcoming audit day and together with palliative care and the medical director a framework to better underpin end of life care, and DNAR discussions is being developed, mindful of CQC expectations and the traditional reluctance to have this conversation in certain settings.

2. Safety & Quality

The trust has a Safety and Quality strategy written for the three year period ending in 2014. As referred to in previous reports this strategy was not explicit in how it would demonstrate or measure for achievement, and did not read across comfortably to the quality account or to the clinical strategy, or to clinical priorities. A revised strategy was re-presented referencing key areas of focus under the quality headings of safety, patient experience and clinical effectiveness – with suggested measures which would be appropriate for the quality account. The committee felt the document still fell short of its expectations and required more narrative to explain how it linked to the other documents listed above. Further work will be done prior to the next committee to improve the readability and relevance of the document.

The committee received a paper relating the publication of the 2012-13 Quality Account. This paper described good progress against all areas of the programme laid out in the previous year’s account, with the exception of reducing hospital admission. This metric is one of the Sussex Together Audacious goals and is dependent for delivery on the local health economy working more effectively together. While significant work has been done on ambulatory pathways, and agreement has been achieved with all local CCGs on new medicine for the elderly posts which will work across traditional primary and secondary care boundaries, these programmes of work have yet to see a reduction in unscheduled admission. The committee was pleased to note how much progress has been made and was interested to see the new HOSC form for suggested new areas of safety and quality prioritization for the coming year, which will be populated after discussion with clinical leads and matrons, and be finalised through the Management Board for Quality and Risk.

The committee received a paper detailing progress against CQUIN targets and delivery as at end of Quarter 3. As above the paper reported that of 7 CQUINs the trust had not delivered the reduced admission goal, but that no other Sussex acute provider had delivered this either. In addition it is not understood how commitment to the High Impact Innovations will be calculated, though the trust has submitted its data under the agreed

categories of 3 million lives and digital by default. The other 5 CQUINs the trust believes it has delivered.

The Chief of Medicine, supported by his lead nurse and associate director gave a strong presentation on how risk is identified, discussed and managed within the division of medicine. The presentation was able to describe and show examples of incidents and complaints which have been investigated, presented at the division's governance meetings and led to action plans and audit projects with subsequent recommendations, or suggestion for re-audit. The committee was assured that appropriate work to learn form incidents and improve safety and quality for patients was underway, and commended the format of the presentation to other clinical divisions.

The committee had expected to receive similar presentations from the divisions of surgery and clinical support services and although the papers had been submitted, these presentations were deferred due to clinical workload and illness.

3. In summary

The committee was assured that in the medical division progress has been made in linking the risk register, the clinical audit plan, and internal governance structure appropriately to complaints and incidents. There is evidence that planning the Quality Account is underway and that the process for describing a unified set of clinical and Q&S priorities for this and the clinical strategy is appropriate. The safety and quality strategy needs further work to be easily and understood and therefore meaningful for staff and external stakeholders alike.