

TRUST BOARD IN PUBLIC	Date: 28 March 2013	
	Agenda Item: 2.3	
REPORT TITLE:	Safety and Quality Committee Chair 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)		
<p>The Committee received positive assurance from the audit presentation from Clinical Support Services Division. An early presentation on the 2nd Francis report into failings at Mid Staffordshire highlighted that SASH was not waiting for a central mandate from DoH but was actively developing all grades of nursing staff and ward managers in the spirit of the published findings. Further work would be required as greater feedback from DoH and from local commissioners was received. The results of the in-patient national survey was presented and showed marked improvement across many responses.</p> <p>Benchmarking against other trusts will follow. The Committee took a first presentation on the Empathica patient feedback project. The response rate exceeds the national requirement (friends and family) of 15% and data will be used to compare between wards and allow learning good practice to be disseminated.</p>		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Deliver safe, high quality co-ordinated care; Ensure patients are cared for and cared about.		
Corporate Impact Assessment:		
Legal and regulatory implications	Relates to CQC compliance	
Financial implications		
Patient Experience/Engagement	In patient feedback from national survey and from local Empathica project.	
Risk & Performance Management	Assurance given	
NHS Constitution/Equality & Diversity/Communication		
Attachments: Paper		

Safety & Quality Committee Chair Update

Date	28 March 2013
Author	Dr Des Holden, Medical Director / Yvette Robbins, Committee Chair
Audience	Trust Board Members

The meeting of 12th February 2013 was quorate.

No actions from the previous SQC had fallen due by the February meeting.

The Committee received a presentation from Ian Mackenzie on the Emapthica patient experience project. This project invites patients who have been admitted to most clinical areas to rate their experience in relation to a number of prompts, very soon after discharge. The project has been running for approximately 3 months and in that time over 1000 responses have been received. The data show a range of responses with no one ward area being consistently the best or the worst performing in all responses. However some wards were more likely to be found consistently nearer one end of the range or the other. The methodology satisfies the DoH 'Friends and Family' test and data will be used as an educative tool for collaborative learning.

The Committee also received a paper on the National In-patient survey, conducted in the trust in August 2012. The Board will remember that the previous year's survey gave relatively poor results but was conducted at a time when the trust was under maximum operational pressure and before the funded extra bed capacity was introduced. This factor which had been subsequently addressed was acknowledged by DoH which allowed the trust to conduct further surveys in January and June 2012 which showed an improvement in patient experience. The latest national survey showed continued improvement across many of the responses, with no significant worsening in any area, although patients having side effects of their medications discussed showed no improvement.

The Committee was assured that the theme of improved patient experience in relation to in-patient care was being maintained and looked forward to further presentations on how this data were driving further targeted improvement.

The Committee received a paper from the Chief Nurse on the second Francis report. The paper high-lighted that although 290 separate recommendations were made in the report, the themes were greater accountability for all staff in patient contact, a need for registration of health care assistants and a duty of candour requiring staff to speak up when they had concerns about patient care. The Chief Nurse was able to tell the Committee that work had already started within SASH on staff development anticipating the recommendations that would be made, including work with the band 5 nurses and with the ward managers and matrons. Further work will continue. The recommendations will play into the trust's clinical and safety and quality strategies and the Board will receive further updates at the next Board seminar and as DoH release their expectations.

The Division of Clinical Support Services presented two papers looking at incident management and investigation and on clinical audit. These presentations followed a similar format to that used by the Division of Medicine at the previous Committee meeting and again the Committee was assured that processes were in place and being used to assure that clinical incidents promoted learning and informed audit. The Committee recommended that all clinical audit should explicitly state whether as a result the level of assurance gained was high, moderate or low. Where not high, such issues should inform the risk register.

The Committee had expected a report from the division of surgery but unfortunately no representative from this division attended. This item will be taken at the next SQC.

In summary:

Although the meeting had not previously been themed around patient experience, collectively the papers on the Francis report, the real time patient experience work and the national in-patient survey allowed the Committee to be assured that the patient experience domain of quality in clinical care was receiving appropriate focus. The available evidence suggests that while there remain many opportunities for this to improve further, the direction of travel is positive.

[END]