TRUST BOARD IN PUBLIC	**Date: 27th February 2014** **Agenda Item: 2.4**		
REPORT TITLE:	Safety and Quality Committee Chair Update		
NON-EXECUTIVE SPONSOR:	Richard Shaw Chair – Safety & Quality Committee		
REPORT AUTHOR:	Richard Shaw Chair – Safety & Quality Committee		
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Safety & Quality Committee 20th February 2014		
Purpose of the Report and Action Required:			**(√)**
To provide the Board with an update on the main issues from the Safety and Quality Committee.		**Approval**	
		Discussion	√
		Information	√
Summary of Key Issues			
The report provides a summary of the key agenda items which were discussed at the Safety and Quality Committee.			
Relationship to Trust Corporate Objectives & Assurance Framework:			
Objective 1 – Deliver safe, high quality and co-ordinated care.			
Corporate Impact Assessment:			
Legal and regulatory implications	Relates to CQC Compliance		
Financial implications	CQUIN delivers 2.5% of 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			

TRUST BOARD REPORT - 27TH FEBRUARY 2014
SAFETY AND QUALITY COMMITTEE CHAIR'S REPORT

1. The Committee met on 20 February. The meeting was observed by the area quality lead officer from the Trust Development Authority.

2. The Committee received a report on the main issues discussed at meetings of the Executive Committee for Quality, Risk and Clinical Care on 8 and 22 January. The first meeting, amongst other issues, had discussed bed planning and the initial findings of the service Deep Dive reviews. It had also considered the continuing discussions with the CCG to develop plans for the next financial year. The second of the meetings considered quality governance reports from each of the Executive Sub-Committees, notably risks from the Significant Risk Register and pressures on ED performance against the 4 hour target and bed occupancy levels. S&Q Committee was assured that appropriate actions were being taken to manage these issues and that the new Executive Committee structure is providing valuable oversight of quality performance and risk.

3. The Committee received a report on the recent Clinical Quality Review Meeting with community partners on 21 January. It noted that constructive discussions have begun to reduce the incidence of patients being admitted with existing pressure damage, and that attempts were also being made with partners to align approaches to the benchmarking of national standards data. The Committee noted that CQRM wished to discuss the results of the review into clinical staffing levels as a result of the National Quality Board paper in April 2014, and requested Finance & Workforce Committee to monitor the outcomes.

4. The Committee is monitoring the progress of the Service Deep Dive programme which assesses each service against the five CQC domains. Following a presentation on the Haematology Review in January, the Committee now received an overview report on the first four service reviews. Outcomes were generally satisfactory, with challenges specific to each service. Areas for improvement commonly lay in the "Responsiveness" domain, albeit for different reasons. In discussing the merits of a RAG rating system, the Committee acknowledged that this required sensitive communication, but that the system was useful in focusing attention on good practice and areas for improvement. The Committee was assured that the Executive Committee has good oversight of the review process.

5. The Committee considered a quarterly analysis of Complaints and PALS concerns. It asked the Patient Safety Sub-Committee to review trends and

themes in complaints about Clinical Diagnosis, and also to assess the resourcing of PALS given the increasing concerns routed through them.

6. The Committee received a shortened version of the Trust's presentation on patient experience that had been well received by the CQRM meeting. This described the systems now in place for surveying patient opinion and triangulating with other sources of feedback, including complaints and PALS. This analysis is leading to the development of a Patient Experience Strategy to identify and address the top Trust-wide issues to emerge from patient experience data. The Committee was encouraged by the progress now being made, and a report is expected at the April Committee meeting.

7. The Committee considered a report on the Divisional Audit Programme for CSS, having in January received a similar report on Medicine. There was discussion about the reasons for Audit programmes remaining incomplete at the end of a financial year, with some audits not started. It was suggested that care should be taken to select only the most important topics for audit and to ensure that these were completed. Less may be better than more. The Committee asked for the process to be reviewed in light of lessons learned in 2013/14 so that they can be implemented in 2014/15.

Richard Shaw
Chair Safety & Quality Committee
February 2014