

<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 29<sup>th</sup> May 2014</b>	
		<b>Agenda Item: 2.3</b>	
<b>REPORT TITLE:</b>		Safety and Quality Committee Chair Update	
<b>EXECUTIVE SPONSOR:</b>		Richard Shaw Chair – Safety and Quality Committee	
<b>REPORT AUTHOR:</b>		Kim Rayment Patient Safety & Risk Lead	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)		Safety and Quality Committee 1 <sup>st</sup> May 2014	
<b>Action Required:</b>			
<b>Approval ( )</b>	<b>Discussion (√)</b>	<b>Assurance (√)</b>	
<b>Summary of Key Issues</b>			
The report provides a summary of the key agenda items which were discussed at the Safety and Quality Committee in May 2014.			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<b>SO1:</b> Safe -Deliver safe services and be in the top 20% against our peers			
<b>Corporate Impact Assessment:</b>			
<b>Legal and regulatory implications</b>	Relates to CQC compliance		
<b>Financial implications</b>	CQUIN delivers 2.5% of Trust income		
<b>Patient Experience/Engagement</b>	Improving patient experience is fundamental to the work of this committee		
<b>Risk &amp; Performance Management</b>	Assurance given		
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Relevant to the work of the committee		
<b>Attachments: N/A</b>			

## TRUST BOARD REPORT – 29<sup>th</sup> May 2014 SAFETY AND QUALITY COMMITTEE CHAIR'S REPORT

### 1. Executive Summary

The Committee has a number of standing agenda items which include a summary paper of the minutes from the Executive Committee for Quality, Risk and Clinical Care (ECQRCC); a summary paper of the minutes from the Clinical Quality Review Meeting (CQRM); the Quality and Risk Oversight Report; and the SQC Dashboard.

#### ECQRCC

The paper detailed the main issues discussed and actions from the two meetings held in April. Key issues covered in the paper included; feedback from the meetings to support the Chief Inspector of Hospitals Inspection; plans to increase assurance and continually improve data quality across the Trusts' systems; the Enhancing Quality paper which highlighted key measurable improvements in quality the EQ programmes had facilitated and the AHSN expectations regarding CQUIN; the Executive Risk Register; highlights from the Diabetes, Endocrine and Therapies Deep Dive reports; and the key points from the detailed reports received by the Executive Committee from the 5 Sub-Committees.

#### CQRM

The summary paper highlighted that no items were escalated in respect of clinical quality performance by the CQRM. Discussions were based around the following topic areas; Right Staffing, Mortality, SSNAP data, SI's and 'Soft Intelligence'.

#### Quality and Risk Oversight Report and SQC Dashboard

The quality report is an oversight of the key issues related to risk and quality that were highlighted and escalated to the ECQRCC via the detailed reports received by that committee from the Sub-Committees. The Safety and Quality Committee accepted the report as assurance that the pertinent areas of risk are being monitored and managed through the new Quality Governance Committee Structure.

Some key areas of concern highlighted on the dashboard were raised including; the high rate of outpatient appointments cancelled; changes to Godstone ward to mitigate some significant risks; questions raised about the 5 harm / death reported incidents; reduction in referrals under safeguarding; and readmissions and bed occupancy data. The committee were able to gain assurance about the work plans for outpatients and Godstone ward and on-going work regarding readmission and bed occupancy. Further assurance was sought regarding the detail of the incident and safeguarding information.

In addition to the standing agenda items the Committee received a number of other reports.

#### Quality Account 2013-14

An update on progress of the Quality Account for 2013-14 which includes detail of the priorities set the previous year and whether or not they were met; partially met or not met, was received. It was agreed that the final Quality Account would be approved at the next SQC meeting before going to the Board for final sign off.

#### Overview Report on Deep Dives

The paper gave a high level overview of the main themes and learning from the completed Deep Dives. These were identified under the 5 main domains of Safe, Effective, Caring

Responsive and Well-Led and identified areas of both good practice and those requiring improvement. The Committee congratulated Sue Jenkins for developing and completing the excellent programme of work. It was recognised that the deep dive panels felt assured by the findings and the process of undertaking the programme. Some discussion took place with regards to the findings during the deep dive programme that audit is an area of good practice, whereas SQC feel this is not something that has been demonstrated through the audit plan presentation received from the divisions over the last year. It was recognised that the more detailed improvement plan being developed as a result of the Deep Dive programme will provide SQC with more assurance and that will be presented at the next meeting.

Trust Annual Audit Programme 2014-15

This item was deferred to the next meeting as the information was still in the process of being collated.

**3. Recommendation**

The Trust Board is asked receive this report for discussion and assurance.

**Richard Shaw**  
Non-Executive Director  
May 2014

**Dr. Des Holden**  
Medical Director