

TRUST BOARD IN PUBLIC		Date: 28th August 2014	
		Agenda Item: 2.3	
REPORT TITLE:		Safety and Quality Committee Chair Update	
NON EXECUTIVE SPONSOR:		Richard Shaw Chair – Safety and Quality Committee	
REPORT AUTHOR:		Richard Shaw Chair – Safety and Quality Committee	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Safety and Quality Committee 11 th August 2014	
Action Required:			
Approval ()	Discussion (√)	Assurance (√)	
Summary of Key Issues			
The report provides a summary of the key agenda items which were discussed at the Safety and Quality Committee in August 2014.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO1: Safe -Deliver safe services and be in the top 20% against our peers			
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			

Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 11 August. The meeting was observed by Vicky Daley, Director of Quality and Nursing from Crawley, Horsham and Mid-Sussex CCG. It was observed that CCGs were taking assurance from the transparency and challenge in SQC meetings.

The Committee welcomed Pauline Lambert to her first meeting as a Committee Member, replacing Richard Durban. It also thanked Richard Durban, at this his last meeting, for his strong contribution to the work of the Committee and its predecessor over a number of years.

ECQR and CQRM

The Committee noted reports from ECQR meetings on 9 and 23 July and the CQRM meeting of 15 July. No items had been escalated to the Single Conversation at CQRM. The Committee was pleased to note the continuing momentum in closing legacy SIs. CCG interest in the number of non-elective C-sections had resulted in clinicians being invited to a Deep Dive review of Maternity Services.

Quality Report

The Committee considered the Quality Report for end June 2014, which continued to show a generally positive picture. Discussion focused on Access and Responsiveness, notably the increase in Outpatient DNA rates in June and the continuing significant rates of hospital cancellations. These are the subject of review by the Outpatient Improvement Group. It was also noted that a Theatre Efficiency working group is seeking to improve efficiency at both ESH and Crawley, and in particular to achieve more work at Crawley from September onwards.

Patient Experience: Ward Presentations

The Committee received stimulating presentations from two wards, Brockham and Abinger, to understand how patient experience data is used to improve the quality of care at ward level. There was good evidence that patient feedback had led to simple changes being made to improve the patient's physical environment – such as the replacement of noisy bins with ones whose lids close quietly. There was also evidence of changes designed to improve staff culture – such as the wearing of brightly coloured badges reading “Ask me Anything” and “Happy to Help”, designed to encourage better communication with patients and families. It was observed that even physical changes had an impact on staff culture by demonstrating a readiness to respond to concerns and suggestions raised by patients and staff.

CQC Inspection Report

The Committee warmly congratulated Trust staff on achieving a Good rating across all domains in the recent CQC inspection. Areas for improvement will be discussed further at a quality summit. The TDA will write to the Trust and stakeholders about the next steps and actions required, and this will be discussed at CQRM.

CQC Intelligence Report

The Committee noted the report for July 2014, which continued to place the Trust in the lowest risk category – Band 6. While this is encouraging, and there are no “elevated risks”, the report did identify four areas of risk. Identification of six areas would result in the Trust’s risk rating being amended to Band 5. Executive Committee has reviewed the four risks and put actions in place to mitigate the risks.

Claims / Litigation Annual Report 2013/14

The Committee received an annual report on Claims and Litigation, which showed a national trend towards increasing numbers of legal actions and inquests. SaSH currently had some 318 open cases, with new cases on the rise. The main concern of SQC was to ensure that learning is derived from litigations to improve the quality of care, and that implications are triangulated with our sources of information such as complaints, PALs and patient surveys. It was recognised that the Trust also had wider interests, for example in understanding the cost and efficiency of the process. Clinical Effectiveness Committee was asked to agree on an analytical approach that would highlight the significance of the data and enable actions to be taken in response. A further report on these lines was requested in three months’ time.

CQUINS

The Committee received a report that showed the Trust had fully achieved almost all of its CQUIN objectives for 2013/14, subject to formal approval by CCGs, and congratulated staff on this success. The process is expected to be easier in future years, especially in relation to the coding of measurements.

Richard Shaw
Chair Safety & Quality Committee