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| TRUST BOARD IN PUBLIC | | Date: 7th August 2014 | |
| | | Agenda Item: 2.4 | |
| REPORT TITLE: | | Safety and Quality Committee Chair Update | |
| EXECUTIVE SPONSOR: | | Richard Shaw Chair – Safety and Quality Committee | |
| REPORT AUTHOR: | | Kim Rayment | |
| REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date) | | Safety and Quality Committee 10 th July 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 July 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: | | | |
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TRUST BOARD REPORT – 10th July 2014

Safety & Quality Committee Chair Update

1. Introduction

The Safety and Quality Committee met on 10th July. The meeting was observed by Stephen Dunn from the TDA. The Director of Quality and Nursing for East Surrey CCG and the Quality Manager for Crawley, Horsham and Mid Sussex CCG were also in attendance.

The committee considered its standing agenda items, namely a report from the two June meetings of Executive Committee for Quality, Risk and Clinical Care, highlights from the Clinical Quality Review Meeting, the Quality Report and the SQC Dashboard.

Executive Committee for Quality, Risk and Clinical Care

The committee noted that the Monthly Performance Reviews have stopped as they are now covered as part of the Quality and Governance Structure.

Clinical Quality Review Meeting

The committee was pleased to note that good progress was being made with CCGs in closing older legacy SIs, enabling the Trust to focus more on learning from more recent cases.

Quarterly Incident Report – Q4

The Committee considered a report on Incidents for the final quarter of 2013/14 and discussed the need to improve reporting of SIs to the CCG within the National timeframe. The Patient Safety and Clinical Risk Sub-Committee has commissioned a Task & Finish Group to scope and make recommendations on how to improve and increase reporting and review of incidents particularly potential SIs. An update on progress is scheduled for the next meeting. The most frequent cause of an incident remains patient slips, trips and falls. Assurance was given that this is receiving a high level of focus and a Nurse Consultant has been appointed to lead further development of falls prevention.

Outpatients Improvement Project

The Committee received an improvement plan and an update on progress of work being undertaken for outpatient services. A more detailed operational plan supports the improvement plan and covers all aspects of outpatients from the physical environmental issues to demand and capacity on the appointments system and waiting times. ECQR will be monitoring the work.

Quality Report

The Committee focused its discussion on the pressures on the hospital, reflected in numbers presenting at A&E, ambulance handover times and delayed discharges. A plan for the winter months is being worked up and efforts are being made to manage capacity better. A Decamp Ward should be in place by the end of November, while Theatre refurbishment work and plans to improve performance at Crawley are also underway. The Committee was assured that good efforts are being made to manage the pressures but remained concerned at the degree of pressure.

SQC Annual Report 2013/14

The Committee approved an annual report on its performance for submission to the Trust Board. The current Terms of Reference for the Committee as stated in the Rules of Procedure, list the Medical Director (or Deputy) and Chief Nurse (or Deputy) as required to

attend meetings. There is no mention of the Divisional Chiefs, although they make a very important contribution. The Committee agreed that Divisional Chiefs should be strongly encouraged to attend meetings and that it would be helpful for them to be listed as members of the Committee. It was agreed to put this proposal to the Board as a possible amendment to the Terms of Reference.

Customer Care Report – Q4

The committee received a report on Complaints for the last quarter of 2013/14. It received good assurance that the Patient Experience Committee is drawing lessons from specific complaints and that actions are being taken to make complaints an integral part of an organisational culture that is responsive to patients. The Committee noted an increase in feedback via PALS, rather than formal complaints, as an indication of this.

Infection Prevention and Control Annual Report 2013/14

The committee received an annual report and was pleased to note that CDiff and MRSA targets for the year were met. Future challenges include increasing resistance to anti-biotics and capacity constraints, for example in extra ward space or isolation facilities. The Committee was assured that the service received good corporate support.

Mortality Rates / Management – Medical Division

The committee discussed a report which gave assurance on the processes in place within the Medical Division to review and monitor mortality and morbidity rates and establish learning. It was encouraged that lessons learnt from complaints, M&M meetings are presented at the Grand Round and rates are monitored through the Clinical Effectiveness Sub-Committee.

2. Recommendation

The Trust Board is asked to take this paper for discussion and assurance.

Dr. Des Holden
Medical Director
July / 2014