

TRUST BOARD IN PUBLIC		Date: 30th October 2014	
		Agenda Item: 2.4	
REPORT TITLE:		SAFETY & 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)		SQC 2 nd October 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 October 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			

TRUST BOARD REPORT – 30th October 2014

SAFETY AND QUALITY COMMITTEE CHAIR UPDATE

The Safety and Quality Committee met on 2 October. The meeting was observed by Suraj Bassi and Jessica McGrath from Deloitte's and attended by Karen Devani from East Surrey CCG.

ECQR and CQRM

The Committee received reports from the ECQR meetings on 13 and 27 August and the CQRM meeting of 15 July. Discussion focused on the implications of a national audit of emergency laparotomy, which found high mortality and variance in care nationally. The Committee welcomed the participation of the Trust in a quality improvement trial and will receive regular updates.

The Trust's CQC risk profile remains in the lowest risk band (band 6) but the Committee sought assurance on actions to mitigate four risks identified. It was assured that the risks are being closely monitored by ECQR and it is hoped that two of the risks, relating to the 62 day wait for cancer treatment and the data quality of returns to HSCIC may be downgraded on the Risk Profile in the next quarter.

CQRM met on 19 August and escalated two items to the Single Performance Conversation. These related to finance and to clinical quality performance (specifically emergency C-sections) where wider commitment to actions beyond those of the Trust was required.

Quality Report

The Committee considered the Quality Report and Quality Scorecard for end August 2014, which continued to show a generally positive picture. Discussion focused on the flow of patients through the hospital, with high numbers in ED increasing the scale of challenge to place patients in the right bed first time. The Committee noted that cancelled elective operations were a continuing concern and that good discharge processes were very important. Directors were asked to consider whether the risk rating remained appropriate. The Committee was also pleased to note a significant improvement in level 3 training compliance for Safeguarding Children from 50.4% to 81%.

Complaints and PALS

The Committee received a thorough quarterly analysis (for Quarter 1) of Complaints and concerns raised through PALS. This showed a 15% reduction in complaints about appointments, although this remains the most common issue raised. It is expected that the action plan on Outpatients will have a positive impact later in the year. Communication is a common theme in complaints. The Committee was pleased to hear that 250 staff have completed training in customer care, and plans are in place for this number to increase to 500 by March 2015. The training programme will then be reviewed with the prospect of it being extended to include other staff, such as junior doctors.

Incidents

A first Quarter report on Incidents again provided a thorough analysis of trends, showing a welcome increase in reporting of minor and near miss incidents, especially from doctors and Maternity. Reporting remains below the norm for acute trusts, although the gap is closing, and there is scope for more reporting in areas including theatres.

Detailed work is in progress to reduce the number of falls in the Trust, and the Committee also learned of work to reduce Incidents in Medications Management, for example when a

patient moves. Learning from the two Never Events, one this year and one last year, will be shared at CQRM.

Balance between Performance Targets and Patient Experience

A discussion paper looked beyond performance target returns to understand potential impacts on the quality of care for individual patients. Taking the 95% ED target, which the Trust regularly meets on both a monthly and weekly basis, the paper showed how problems with discharge at the weekend commonly increase pressure on bed occupancy and breaches of the ED standard at the start of the week, with the position being recovered later in the week. Achievement of the target on a weekly basis may therefore mask poorer quality of care in the first part of the week. The objective is to ensure a consistent high standard across all days of the week.

The impact of this pressure was illustrated by the story of one elderly patient, who had moved three times during her stay as a result of bed occupancy pressures, increasing the potential for a discontinuity of knowledge about her condition and a delay in her discharge. The papers stimulated energetic discussion about ways of reducing admissions, getting patients into the right bed first time, improving discharge especially at weekends, reducing patient moves and improving handover when a patient does move. There will be a further report to SQC, and potentially to the Board, when more work has been carried out.

Richard Shaw
Non-Executive Director
Chair Safety & Quality Committee
October 2014