SAFETY AND QUALITY COMMITTEE	Date: 10th July 2014
	Agenda Item: 4
REPORT TITLE:	SQC Annual Report 2013/14
EXECUTIVE SPONSOR:	Fiona Allsop
REPORT AUTHOR:	Richard Shaw
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	N/A

Action Required:		
Approval (√)	Discussion (√)	Assurance ()

Summary of Key Issues

The report summarises the achievements of the SQC during 2013/14 and sets out the challenges for 2014/15. It aims to provide assurance that the Committee is fulfilling the delegated responsibility from the Board of Directors in executing their responsibility for seeking and monitoring assurance around safety, quality and patient experience.

The Committee are asked to approve the report for submission to the Board.

Relationship to Trust Strategic Objectives & Assurance Framework:

SO1: Safe -Deliver safe services and be in the top 20% against our peers
SO2: Effective - Deliver effective and sustainable clinical services within the local health economy
SO3: Caring – Ensure patients are cared for and feel cared about

Corporate Impact Assessment:

Legal and regulatory implications	Relevant
Financial implications	Relevant
Patient Experience/Engagement	Relevant
Risk & Performance Management	Relevant
NHS Constitution/Equality & Diversity/Communication	Relevant

Attachments:

SQC Annual Report 2013/14

Safety and Quality Committee 2013/14 Annual Report to the Board

Purpose

The purpose of this paper is to provide assurance to the Board that the Terms of Reference of the Safety and Quality Committee (SQC) are being met, to highlight significant issues that have been raised, resolved or challenged and to describe improvements in the way the Committee works.

Context

The SQC has delegated responsibility from the Board of Directors in executing their responsibility for seeking and monitoring assurance around safety, quality and patient experience.

The Committee meets monthly on the first Thursday of each month which enables it to consider the outputs from the Executive Committee for Quality, Risk and Clinical Care and in particular their consideration of the most recent performance data.

The members of the SQC are:
- three non-executive directors
- Medical Director or deputy
- Chief Nurse or deputy
- Chief Operating Officer or deputy
- Chief Financial Officer or deputy

The Committee met on 7 occasions during 2013/14 and all meetings were quorate with committee members present or a deputy in their place. The meeting in March 2014 was the only meeting cancelled.

Sources of Assurance

To meet its terms of reference the SQC receives:
- monthly reports on the performance dashboard and the Quality Report;
- summary reports from the previous months Executive Committee for Quality, Risk and Clinical Care (ECQRCC) and a report from the most recent meeting of the Committee for Quality and Risk Management (with external partners);
- Quarterly reports on Complaints, Incidents and Patient Experience data;
- Reports on clinical governance control to ensure that statutory duties are fulfilled;
- Strategy reports on the Clinical Strategy, the Quality Strategy and the Quality Account, prior to presentation to the Board
- Ad hoc reports on areas of concern or emerging strategies, for example falls, infection prevention and control and dementia.

Ways of Working

Yvette Robbins chaired the SQC up to November 2013, and Richard Shaw from November onwards. In light of the change in chairperson and the new Trust Governance and Quality Committee Structure implemented during December 2013 the Committee reviewed its effectiveness and made some changes. A key change was the move to a cycle of monthly meetings, rather than alternate months. The rationale for this is to allow the SQC to reflect on the most recent performance data immediately after ECQRCC has

verified its accuracy. It also enables the Committee to consider the actions commissioned by ECQRCC in response, and where necessary call for action to be escalated.

Meetings now last two hours to encourage attendance of busy senior Clinicians and Executives and to ensure concentration levels are sustained.

As clinical performance data is now encouraging, during 2013/14 the Committee has devoted more of its time to patient-focused issues that cut across service structures. Recent examples include: response to the Francis Report, patient experience strategy, dementia and falls.

The Committee has taken a close interest in the Deep Dive Review process to seek assurance that it helps the Trust to be a good learning organisation and to support remedial action where improvements need to be made.

Internal Control

During 2013/14 the Trust developed a map of its internal controls. The SQC is specifically responsible for gaining assurance for the following controls.

C: Clinical governance	C.1	Clinical audit	2*3	G
	C.3	Incident management	3*4	A
	C.4	Mortality	1*4	G
	C.5	Infection prevention & control	1*4	G
	C.6	NICE compliance	2*2	G
	C.7	Clinical or personal injury litigation and inquests	1*4	G
D: Patient specific systems	D.1	Complaints	2*3	G
	D.2	Patient opinion	2*3	G

Each system has been risk assessed to consider the likelihood and impact of the system failing to deliver suitable control of the process.

The SQC has received information throughout the year that supports the management of the initial assessment of the internal controls. It should be noted that this is a review of the adequacy of controls.

C1 Clinical Audit continues to be a focus of attention for the SQC; it receives regular reports from divisions which indicate activity within specialties and key points of learning from specific audits. As a system it continues to be a focus for potential improvements to the assurances it provides the Committee.

In June 2014 the SQC reviewed the Trusts Annual Audit Programme and Divisional programmes which provided assurance that the plans are being developed and National expectations have been considered. There is recognition that there is still work to ensure that 2014/15 plans are realised and new action plan templates to facilitate effective use of audit findings are expected to have positive impact on outcomes. The committee has asked the Clinical Effectiveness subcommittee for further assurance and monitoring of Clinical audit functions.

C3 Incident Management. The SQC regularly receives incident management information as part of its dashboard and notes that there are on-going issues with SI management. It has received assurance from the implementation of DATIX web and the move to less transient data. The Committee has also received reports on falls management which continues to be a cause of SIs and is a source of assurance that the incident management system is functioning.

C4 Mortality. The SQC regularly receives mortality data which is discussed in detail and is strongly assured on the Trusts current position for mortality review and national position. The Committee noted the mortality conversation that the Executive Committee held on the 26th March.

C5 Infection Control The SQC is assured of the Trust's management of Infection Control from the dashboard. The Committee receives the Infection Prevention and Control teams' annual report and has noted positive findings from external reviews.

The committee noted the importance that the Executive Committee was placing on CPE from the minutes of 12th March.

C6 NICE compliance was reviewed in December 2013 and plans were developed to focus Clinical Audit on NICE compliance issues throughout the next financial year

C7 Clinical or personal injury litigation and inquests. The SQC took significant assurance from the achievement of CNST in WACH and noted that the Executive Committee had received a report on litigation from the Legal Team in March 2014. There are plans to receive regular quarterly reports which will provide greater assurance.

D1 Complaints and PALS update were presented in February 2014 which provided assurance that the new complaints structure was embedding and issues around trends and learning are being managed appropriately. The Trust is achieving the CQUIN target of 90% of complaints to have identifiable lessons learnt.

D2 Friends and family was discussed in the October 2013 meeting this provided strong assurance on the direction of travel. Following this report the committee has received regular updates regarding "you said, we did" and the friends and family test.

The SQC is confident that management's assessment of the risks associated with these specific internal controls is correct but notes on-going concerns with SI management, the particularly low threshold for MRSA BSI and areas of internal controls which could provide greater assurance to the Trust such as Clinical Audit and reporting information from Legal Affairs.

Challenges for 2014/15

The Committee has identified the following as its main challenges for the current year:

1. Ensure that the Committee at all times adds value to the work of the Trust
2. Achieve longer term planning of agenda
3. Develop an appropriate balance between providing assurance and driving strategy

Conclusion

The committee is assured and well sighted on the Trust's current position in terms of management of safety and quality and has specific insight of the services that have presented commentary throughout the year.

The Board can be assured that the Safety and Quality Committee is meeting its terms of reference. It is gaining strong assurance of the quality of services provided by the Trust. It is challenging management to both improve assurance systems and take every opportunity to continually improve the Trust's clinical governance.

Recommendation

SQC are asked to approve the report for submission to the Board.