

TRUST BOARD IN PUBLIC		Date: 26th May 2016
		Agenda Item: 2.2
REPORT TITLE:		Safety & Quality Committee Update
NON-EXECUTIVE SPONSOR:		Richard Shaw Chair Safety & Quality Committee
REPORT AUTHOR (s):		Richard Shaw Chair Safety & Quality Committee
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		n/a
Action Required:		
Approval ()	Discussion ()	Assurance (✓)
Purpose of Report:		
To provide an update of the activities of the safety and quality committee.		
Summary of key issues		
The report provides a summary of the key agenda items which were discussed at the Safety and Quality Committee in May 2016.		
Recommendation:		
The Board is asked to note the report.		
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 impact	Compliance with CQC, MHRA and Audit Commission	
Financial impact	Serious incidents often become claims	
Patient Experience/Engagement	Important to the work of SQC	
Risk & Performance Management	Reporting, investigation and learning from serious incidents informs risk management	
NHS Constitution/Equality & Diversity/Communication	Important to the work of SQC	
Attachment:		
N/A		

Trust Board Report – 26th May 2016 Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 5th May 2016. The Committee considered its standing items and a number of reports for assurance.

Quality Report and Executive Committee for Quality and Risk

We looked at the quality data for end March and noted the considerable pressure on the hospital, with ED attendances over 300 per day and pressure on the four hour standard, bed occupancy at over 94%, high numbers of patients medically ready for discharge. The Committee raised the question as to whether this growth in activity has had any adverse impact on safety – for example whether there is a connection between activity growth and the increased numbers of falls and SIs; or whether the delays in elective surgery or in the discharge of patients medically ready for discharge have had any adverse clinical impact on the patients. We were assured to learn that ECQRM has commissioned work on this and that it will be reported to SQC in July.

The Committee also looked into two other concerns identified in the Quality Report: first an unusual number of still births in March. This is being reviewed and the outcome will be reported to SQC in July. Second, the Trust failed to meet the target for the two week wait on Breast Symptomatic for the year ending March 2016. There is to be a summit to review this in May and we look forward to hearing the outcome.

Safety Thermometer

The Committee received an informative report on the implications of the Safety Thermometer results. Unlike other forms of performance measurement, the Safety Thermometer requires data to be collected on a single day in each month and thus provides a kind of temperature check on the organization. The Thermometer records the presence or absence of four harms: pressure ulcers; falls, urinary tract infections in patients with a catheter; and new venous thromboembolisms. These have been selected by the NHS because they are common and largely preventable through good patient care.

The Safety Thermometer data should correlate with trends and incidents reported on other data tools, such as Datix, but that is not the case. So the committee asked for these inconsistencies to be examined and to determine if there are variations in the way the data is collected at ward level. A number of other potential actions were also discussed, including refresher training for staff, ways of making the information more relevant by displaying it on boards outside each ward, and by using ward accreditation to provide more granular and triangulated data.

Incident Report

The Committee received the Quarter Four Incident report. The emphasis of discussion was on the prompt review of incidents so that learning can be drawn and applied quickly. It was noted that while one Division (WACH) completed some 80% of reviews within the target timetable, the other Divisions struggled to achieve 60% completion. While some assurance was given that the situation was improving, that reviewing managers have been made aware of their responsibilities and that the delays are being addressed within Divisions, The Committee asked for a summary of outstanding incident reviews to be reported to the next meeting.

Complaints and PALS Concerns

The Committee reviewed the Quarter Four Complaints report, which showed good progress in responding to complaints and learning from them. This has been helped by a new process which involves early telephone contact with complainants.

We probed the reasons for an increase in the number of PALS concerns that have been upheld by the Trust. It was thought likely that this reflected a cultural change in the Trust's approach to complainants, but the issue will be looked into further. We also discussed the relatively high proportion of concerns about outpatient appointments/. The Outpatient Board is aiming to make a number of improvements to patient experience, including clinical cancellations and ad hoc clinics, and also through improvements to the physical environment and staff training.

Clinical Audit

The Committee received a Quarter Four report on the Clinical Audit programme. The report suggested that only a limited number of the projects identified in the audit plan at the start of the year had been completed, and it was suggested that Divisions may have lost sight of the audit plan during the course of the year. However, there were some inconsistencies in the report, and a further end-of-year report will be tabled at July's meeting. This is an area where the committee continues to seek further assurance that priority issues are identified for audit, the audits are carried out and lessons are drawn for improved practice.

Safeguarding

The Committee received quarterly reports on Children's and Adults' Safeguarding which provided good assurance. The main focus of discussion was on training capacity.

Quality Account

The Committee found a draft Quality Account to be well written and attractively presented. Subject to the completion of certain gaps and consultation with stakeholders, we commended the report to the Trust Board for final approval.

Next Meeting

The next SQC meeting is at 2pm on Thursday 2nd June, when it is intended to conduct a deep dive review of diagnostics.

Richard Shaw
Non-Executive Director
Chair – Safety & Quality Committee
May 2016