

TRUST BOARD IN PUBLIC		Date: 28th April 2016	
		Agenda Item: 2.3	
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 April 2016.			
Recommendation:			
N/A			
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	n/a		
Risk & Performance Management	Reporting, investigation and learning from serious incidents informs risk management		
NHS Constitution/Equality & Diversity/Communication	The report will be available on the Trusts website		
Attachment:			
N/A			

Trust Board Report – 28th April 2016 Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 5th April 2016. The Committee considered its standing items and sought assurance on a number of issues discussed at the March meetings of the Executive Committee for Quality and Risk. These included:

- The Re-ablement Unit: Assessment of its impact on bed occupancy and discharge will take place when an external team has been procured and the model embedded. However, management of care for patients that are medically ready for discharge is improved in the new unit.
- Cleaning Standards: A review of cleaning standards on wards has been undertaken by the Infection Control Team and recommendations made for improvement, particularly where patients have an infection or diarrhoea. A PLACE audit will also be undertaken.
- Emergency Department: Steps have been taken to ensure good quality of care in the Emergency Department at times when there a large number of patients arrive by ambulance. These include a new area for minors, an additional triage nurse and an additional nurse-in-charge for patients still under the care of ambulance crews.
- Stroke Diagnostics: Following the recent Stroke Deep Dive, discussions were taking place on how to reduce delays in diagnostics, and also with St George's on imaging. The outcome will be reported to the Committee.

We took good assurance from the handling of these concerns.

Quality Report

It was observed that while the national metric on Referral to Treatment is being met, two non-national metrics are not. It was agreed that the Trust's performance on this and the implications for patient care would be discussed in more depth at a future meeting.

Venous Thrombo Embolism (VTE)

The Committee received a presentation on VTE, which is one of the main areas of risk identified in the Quality Report.

A risk assessment is carried out to determine whether a patient has an increased risk of acquiring a blood clot, which could lead to serious complications. The assessment takes account of known risk factors, such as age, limited mobility and clinical conditions, as well as the risk of bleeding. In cases where the risk is elevated, actions are taken to manage the risk, such as the provision of stockings or in some cases medication. The assessment is also carried out on in-patients and day-patients, who may have limited mobility when they return home. While nursing staff can carry out part of the assessment, without prescribing medication, the main reliance is on junior doctors.

The Trust has carried out a Deep Dive to understand why performance in this area is weak, and the issue has been explored further at ECQRM. The main area of difficulty lies in recording the risk assessment: the actual care of patients is clinically appropriate, and there is no evidence of patients coming to harm as a result of inappropriate care. The main focus now is an action plan in the Surgical Division.

Actions that are being taken or planned include:

- Moving the recording of data into Cerner;
- Putting VTE action back into the audit programme; and
- Using electronic prescribing to monitor the prescription of prophylaxis or stockings.

It was agreed that the work presented gives assurance that the Trust's performance on VTE is being closely monitored and reviewed. However, the focus remains on the risk assessment,

because of the recording difficulties, and as a consequence the management of the risk tends to receive less attention. The committee therefore asked for a further report following the second Deep Dive scheduled for May. It is concerned that the Trust should resolve the recording problems as quickly as possible and move on to give assurance about the effective management of VTE.

Cancer Division: Annual Report

The Committee received a presentation on the work of the Cancer Division, and on its principal achievements and challenges. The Cancer Division is responsible for overseeing and coordinating care for all cancer patients in SASH, including the referral process, diagnostics, treatment, recovery, palliative care and end of life care.

We were pleased to learn of a number of expansions and improvements that have taken place in cancer services, radiology, haematology, cancer pathways and palliative care. The Macmillan Centre has also opened recently and there is good partnership working with Marie Curie on palliative care. The main area of concern in performance is the two week referral to first appointment standard for Breast Symptomatic.

The Committee discussed some of the division's future challenges. These included partnership working with the Cancer Centre at Royal Surrey, and potential uncertainties caused by the footprint of our STP, which does not include Guildford. Cancer referrals have been increasing significantly in number and are expected to continue this trend in the future. Annual growth in two week referrals for example has been running at 12%-14% pa over the last three years. This puts pressure on the service and implies that more cancer work will need to take place at SASH in coming years.

The Committee took good assurance from the management of the service and the improvements that have been achieved.

Clinical Audit

The Committee briefly reviewed a third quarter report on progress with the year's clinical audit programme. There have been some improvements in reducing the scale of planned work to reflect priorities and available resource, in delivering the plans and in extracting learning from the audits. However, this progress is weaker in in some areas than in others. We will return to the issue when an end of year report has been prepared.

Next Meeting

The next SQC meeting is at 2pm on 5th May.

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