

TRUST BOARD IN PUBLIC		Date: 25th February 2016	
		Agenda Item: 2.3	
REPORT TITLE:		SQC Chair Update	
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 February 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	Included in the report		
Risk & Performance Management	Reporting, investigation and learning from serious incidents informs risk management		
NHS Constitution/Equality & Diversity/Communication	Included in the report		
Attachment:			
N/A			

Trust Board Report – 25th February 2016

Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 4th February 2016. It considered its standing agenda items; the reports from ECQRM and CQRM meetings and the SQC Quality Report. Once a quarter the Committee focuses on quarterly reports covering priority areas for assurance, including Infection Control, Adult and Children Safeguarding, Incidents and Complaints, and all of these items were considered at the February meeting.

ECQRM and Quality Report

The Committee noted that most of the quality risks for the Trust are well documented and discussed, and primarily relate to the pressure on the hospital of increasing patient numbers, especially in A&E, in admission to an appropriate ward, and in timely discharge to the community. An exception to this pattern is VTE. The Committee noted that the VTE target was met in December and asked for a report at a future meeting on the progress that has been made and the outstanding challenges.

The Committee also noted the recent discussion about Falls at ECQRM. This is a topic that has received a lot of attention during the last year or so, but while the incidence of Falls initially decreased, there have been more recent signs of this trend plateauing. The Falls Lead is also changing so it is a good moment to review the approach within the Trust. SQC asked for a report at the March meeting.

The Committee was pleased to note that all Cancer metrics were met in December after a challenging autumn.

An invitation to attend SQC was re-issued to the CCG, with the comment that attendance could provide a useful additional source of assurance about SASH services.

Complaints

The Trust is piloting a new process for managing complaints which is designed to ensure there is clear accountability for addressing each point in the complaint and that a clear record of learning and improvements in patient experience is drawn out. Each complainant will be telephoned within three days of the complaint being received. The Committee welcomed this approach. It also expressed concern at the drop off in reports from PALS and was assured that a review of the future direction of PALS is taking place.

Incidents

The Committee probed the reasons for the length of time it takes to open and close some investigations into incidents. It was assured that the most severe incidents are flagged up to senior management and that incident management will now be added to the Dashboard as an indicator of safety culture in the Trust.

Safeguarding

The Trust is an outlier locally in the reporting to Surrey Police of missing persons: we report a higher number than other acute trusts. Work is taking place with Surrey Police to understand whether this reflects differences in risk or reporting.

The Committee takes good assurance from the handling of adult safeguarding concerns raised about the Trust. But it remains unsighted on how the much larger number of concerns raised about community care are dealt with. Information about this will be included in future reports.

The Committee also probed compliance with training in adult safeguarding, and a report on this will be taken to Finance and Workforce Committee.

In Children's Safeguarding, the Committee welcomed the new multi-agency hub now in place for Surrey and Sussex and hoped that this would provide effective support for collaborative working. It also noted the challenging volume of work in the action plan and will monitor progress in delivering it.

Mental Health

Ahead of the recent national report on mental health services, the Committee welcomed the decision to nominate a Board-level lead in Mental Health and will take regular reports on the Trust's work in this area.

Infection Control

The Committee received a half-year report on Infection Control. There have been two cases of MRSA blood stream infection in the last year, against a target of zero, and the Committee took time to understand the particular circumstances of each case.

Of 24 cases of CDiff that have been reviewed, two were judged to have involved lapses of care on behalf of the Trust; although in neither case did this cause the infection. Nine other cases are yet to be reviewed. The Trust will face financial penalties if it exceeds 15 lapses of care in this financial year, and the Committee therefore took reasonable assurance from this.

The Committee has previously probed the effectiveness of alerts on Cerner. Infection Control nurses put alerts on Cerner where patients are at risk of MRSA or CDiff. Clinical I staff are expected to check this as it may affect treatment options and bed allocation. A snapshot audit found that not all clinical staff were aware of the alerts and some wards, with high turnover, were not using the white boards effectively in relation to alerts. . The Committee asked for this to be discussed at the next meeting of the Infection Control meeting and the outcome of the discussion to be reported to ECQRM.

Next Meeting

The next SQC meeting is at 2pm on 3rd March.

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