

TRUST BOARD IN PUBLIC		Date: 24th November 2016	
		Agenda Item: 2.3	
REPORT TITLE:		Safety & Quality Committee Chair 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 September 2016. In addition to standing items, these included summary quarterly assurance reports on a range of services including falls, incidents, complaints & PALS, safeguarding and infection control. The committee also considered progress on achieving CQUIN targets, an approach to benchmarking and its relationship to the Trust BAF.			
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	Included in the terms of reference of committee		
Risk & Performance Management	Reporting, investigation and learning from serious incidents informs risk management		
NHS Constitution/Equality & Diversity/Communication	Included within the report		
Attachment: N/A			

Trust Board Report - 24th November 2016

Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 1st November 2016. I took assurance from a verbal report of discussions at ECQR, including on the sepsis pathway; a review of the staff raising concerns framework, which forms part of the Good Governance Review, and potential software initiatives to facilitate opportunities for better analysis of incidents and learning opportunities. No items were escalated to the single conversation at CQRM. A deep dive of paediatric services, focusing on the transition from paediatric to adult services, provided good assurance.

Benchmarking Report

The Committee discussed a report on quality benchmarking data enhanced by additional safety indicators. It was agreed that the next iteration of the report should reconcile it with the new Single Oversight Framework, which includes indicators on safety and caring as well as operational performance and organizational health. There was initial discussion of the indicators that should be used to assess the Trust's objective of being in the top 20% of its peers for safety, and whether these should be restricted to a relatively small number of pure safety measures or widened to include other quality measures. A further report will be tabled next month.

CQUINS

The Committee welcomed a report of encouraging progress towards achieving this year's CQUIN targets. Discussion focused on sepsis review, the potential for electronic capture of clinical observations and the importance of guarding against alert fatigue by ensuring alerts are clinically relevant.

Quality Report

The Committee's monthly Quality Report showed good overall performance, with some particularly some positive outcomes. For example, every cancer target was met for the third successive month, and the ED four hour target was met in September and October (SASH was one of only five trusts to do so). It was noted that the priority given to suspected cancer referrals put pressure on wider RTT targets, although these were achieved in September. The Committee took good assurance from the commitment of Medical Division to work closely with the new Deputy Chief Nurse for Improvement and Innovation on reducing falls with harm. A presentation by her on the approach to falls has been requested for January's meeting.

Assurance Reports

The Committee receives quarterly assurance reports across a range of services. At this meeting a new format was introduced, modelled on BAF reporting: a one-page summary for each area providing assurance on the management of risks and identifying any material concerns or gaps in control. The Committee welcomed the approach and asked for a simple risk score to be added to indicate the severity of risk and to enable the effect of mitigation to be monitored. Where a gap in control was identified the report should show mitigating actions. A covering comment was also requested from the relevant Executive Sub-Committee following their review, to provide their own assurance and alert SQC to any key issues.

The Committee went on to discuss summary assurance reports on: PALS and Complaints, Incidents, Children and Adult Safeguarding, Falls and Infection Control.

Board Assurance Framework

A report was presented that assessed how thoroughly SQC addressed the safety risks identified in the Trust's Board Assurance Framework. While the Committee does address the risks in the BAF it was agreed that two reports a year would be requested from the Chief of Education and the Head of Research and Development. It was also agreed to request a bi-annual report on learning from peer reviews.

Next Meeting

The next SQC meeting is at 2pm on 1st December.

Richard Shaw
Non-Executive Director
Chair of Safety & Quality Committee
November 2016