

TRUST BOARD IN PUBLIC		Date: 31st March 2016	
		Agenda Item: 2.3	
REPORT TITLE:		Safety and Quality Committee 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 March 2016.			
Recommendation:			
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			
Risk & Performance Management	Reporting, investigation and learning from serious incidents informs risk management		
NHS Constitution/Equality & Diversity/Communication			
Attachment:			
N/A			

Trust Board Report – 31st March 2016

Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 3rd March 2016. We welcomed the attendance of the Clinical and Quality Manager from Horsham and Mid Sussex CCG. The Committee considered its standing agenda items. There were no reports from ECQRM as the two February meetings had been cancelled due to operational pressures in the hospital. CQRM had met in February but no items were escalated.

Follow-up Actions

The Committee received a verbal report on a range of initiatives designed to improve the discharge process. The learning from these will be brought together in an action plan and presented to SQC at a future meeting. Meanwhile a report on Breaking the Cycle will be discussed at the next meeting of SQC on 5 April.

A desktop review of Emergency Readmissions has given good assurance. This will be followed by a short random audit in Medicine and Surgery, with the results reported to SQC in April.

Quality Report

Some of the main priorities arising from the Quality Report are on the SQC agenda for more in-depth assurance – Falls at this meeting, and VTE and Cancer at the April meeting. Discussion therefore focused on two other areas where performance can come under pressure when the hospital is very busy.

On Stroke, analysis has shown that access to beds has been well managed, but that in some cases there has been difficulty in diagnosing the stroke. Stroke performance has however improved and the Trust's SNAP rating is now B. A similar analysis is being undertaken in relation to performance on Fractured Neck of Femur.

On Ambulance Turnaround times the Committee took good assurance from a description of new processes in ED to improve turnaround times. Despite winter pressures that have seen over 100 ambulances arrive on most days, the Trust's performance, measured as a percentage of patients, is getting better. A recent audit by SECAMB and the CCG showed the Trust performing well, and in recognition of this both Sussex and Surrey CCGs were repaying fines levied in the year 2015/16.

Falls

The Committee received a presentation on Falls. There has been a lot of effort over the last 18 months to reduce the incidence of Falls. Despite this, and some initial improvement, the number of falls per 1000 bed days has remained broadly static. We therefore wanted to understand what it would take to bring about a radical shift in performance.

There was discussion of the success of certain wards, such as Tilgate, and this was attributed to effective leadership and stable workforce at ward level. Important factors included attention to detail on the ward, an approach that regarded all patients as vulnerable to a fall rather than focusing on assessment of vulnerable individuals, and a culture that emphasized nurse engagement.

Analysis of SIs showed that paperwork on falls was not always completed or that patients' vulnerability a fall was not always assessed. However, it was argued that paperwork did not necessarily improve performance on preventing falls or lead to the shift in culture that is needed if we are to embrace the challenge of no falls at all.

The Committee was therefore supportive of a more operational, and less strategic, focus. The next step is to discuss this approach with the CCGs with a view to bringing a more fully developed report to SQC in June or July.

Antibiotic Resistance

We received a presentation on anti-microbial prescribing to seek assurance that the Trust is acting appropriately to address the risk of resistance to antibiotics.

Antimicrobial Resistance is considered a major threat to future healthcare, and few new antibiotics have been developed in recent years. Our focus was obviously on human healthcare, although we noted that agriculture and veterinary services also use large amounts of antibiotics and that resistant bugs can spread from animals to humans and vice versa.

About 74% of antibiotics taken by humans are prescribed by GPs, so there is an important community dimension to the concern, with hospitals prescribing about 18%. However, GPs' use nationally has reduced over the last four years, while use in hospital trusts has increased.

The principal focus has been on reducing the use of broad-spectrum antibiotics, especially those that are linked to CDifficile. SASH, in line with other Trusts, has successfully reduced the use of these drugs. It was less clear what changes in usage had taken place in relation to narrow-spectrum antibiotics, though it was suggested that the profile was flat. National benchmarking data seems to be limited, though it appears that SASH uses more antibiotics overall than the national average.

The Trust is taking a number of further actions to guard against antimicrobial resistance. These include a strong emphasis on infection control; antimicrobial training; community wide engagement with primary care; and participation in an EU-wide awareness raising week each November (something that NEDs could perhaps help to support). It is planned that electronic prescribing will require details and duration of the course prescribed to be entered into the system, and that this will help open up prescription more readily to challenge.

Haematology Peer Review

The Committee received a presentation on the outcome of a peer review undertaken in September 2015. This addressed the challenge that some forms of haematological cancer, such as lymphoma, can present in a number of ways, meaning that it may take some time to confirm an accurate diagnosis. The team has therefore developed a new pathway for patients where there is a suspicion of such a cancer.

The Committee welcomed the initiative, but wanted to ensure the new pathway was appropriately signed off, taking account of any potential impact on other parts of the Trust. It will be discussed further at Clinical Effectiveness Committee.

Next Meeting

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

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