Surrey and Sussex NHS
Healthcare NHS Trust

TRUST BOARD IN PUBLIC		Date: 22nd December 2016 Agenda Item: 2.3
REPORT TITLE:		Safety & Quality Committee 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 December 2016. The main focus of the meeting was on end of life care. The Committee also discussed benchmarking data to inform the Trust's objective to be in the top 20% of its peers for safety.		
Recommendation:		
The Board is asked to note the report.		
Relationship to Trust Strategic Objectives & Assurance Framework:		
SO1: Safe – Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers **SO2:** Effective – As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy **SO3:** Caring – Working in partnership with staff, families and carers		
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		This report is available on the Trust website

Attachment:
N/A

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Trust Board Report – 22nd December 2016
Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 1st December 2016. We took assurance from actions taken as a result of earlier discussions in the committee, including:

- Following a discussion about the increasing demands on the infection control team, additional hours of pharmacy support have been allocated for antibiotic stewardship. A recent peer review of infection control by Sarah Mumford of Maidstone and Tonbridge Wells NHS Trust has endorsed the new level of resource.
- In a discussion about gaps in NICE compliance the Committee sought assurance that where gaps exist they have been properly assessed and agreed. Clinical Effectiveness Committee has now asked Divisions to provide a statement of mitigation where non-compliance with a standard or guideline is reported. NICE has confirmed that where an organization documents a good reason for not fully complying with guidelines its decision is likely to be respected.
- In the period July-September 2015 the Trust was an outlier for surgical site infections in fractured neck of femur. Actions have been taken to improve the position and the Trust is now no longer an outlier, although it remains slightly above the average for all hospitals. Each infection is now subjected to a root cause analysis and a forum has been established to oversee delivery of improvement projects, audits of post-operative wound care and review of practice against standards. Over the last four quarters there have been 8 infections, a rate of 1.9% against a national average of 1.4%, so the focus is being maintained.
- There has been a thorough response to the recent MRSA incident and appropriate actions taken, especially on staff training and awareness-raising of bio-hazard alerts. There have been no further incidents.

Benchmarking Report
Further to the discussion at its November meeting, the committee discussed a revised approach to the report on quality benchmarking data, taking account of the indicators in the new Single Oversight Framework. It favoured combining existing benchmarking report indicators with those from the Single Oversight Framework, identifying the latter for ease of reporting nationally. A small number of additional indicators were also suggested. This approach would provide a wider range of safety indicators, sufficient to give rounded assurance about the Trust's safety performance and to measure progress in its objective of becoming a top performer on patient safety. Since the indicators tend to be benchmarked by quartile rather than decile, it was suggested that the objective should be rephrased to reflect this. The revised approach was referred to ECQRM for agreement.

End of Life Care
The Committee gave the rest of the meeting to consideration of three aspects of end of life care.

Patient Story:
The Trust Board referred to SQC a Patient Story that raised concerns about communications between staff and relatives of an elderly patient who had been admitted as an emergency. The committee was assured that the concerns had been looked into seriously and a range of actions taken to address them. Open visiting has been introduced since the time of the patient story. There is clearer information on the ward about who is looking after each patient. And there has been discussion in ED about the importance of communicating with relatives of patients.

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Palliative Care: The committee received a presentation on the work of the Palliative Care Team. Some 48% of adult deaths take place in hospital. Although this proportion has declined, many people choose to die in hospital and end of life care will remain an important part of the hospital's work. Referrals are taken from across the Trust from staff, carers and patients themselves. The team is working towards provision of a seven day service and hopes to achieve this when staff in development posts have gained sufficient experience to operate as independent practitioners.

The committee was assured that there is close working between the Palliative Care Team and Medical teams, especially in general and geriatric medicine. This does however vary according to the amount of exposure clinical teams have to end of life care. However, crisis points often occur on admission, where the AMU team may encounter patients who do not have a specific care plan in place, making their immediate care more complex.

Collaborative conversations are taking place across the health economy to facilitate care for patients. The Trust has established an end of life care working group which includes the hospice, GPs and CCGs. Much of the discussion focuses on the resourcing of community teams.

Do not attempt resuscitation orders: The committee received a report on the management of do not attempt resuscitation orders. There have been four cases in 2016 where CPR has been attempted although DNACPR was in place. Learning from these events has emphasized the importance of clear documentation that is appropriately filed with the patient's notes and handovers that are explicit about the wishes of the patient. The Committee welcomed the commitment to undertake audits of the process in the Trust.

Other issues that arose in discussion were some uncertainty about who may consent to a do not attempt resuscitation order in the event of the patient lacking capacity; uncertainty that can arise about whether a patient being admitted from the community already has a DNACPR in place; and the importance of staff building confidence to have frank discussions with relatives about whether CPR is advisable and with patients themselves about end of life care. It was agreed that actions would be taken to address these.

Next Meeting

The next SQC meeting is at 2pm on 5th January 2017.

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