

TRUST BOARD IN PUBLIC		Date: 27th October 2016	
		Agenda Item: 2.3	
REPORT TITLE:		Safety and Quality Committee Chair's report to the Board	
NON - EXECUTIVE SPONSOR:		Pauline Lambert Non-Executive Director & Acting Chair SQC	
REPORT AUTHOR (s):		Pauline Lambert	
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 SQC.			
Summary of key issues			
The report provides a summary of the key agenda items which were discussed at SQC in October 2016. In addition to standing items, these included reports and presentations on: Safeguarding Annual Report, End of Year Clinical Audit Programme Position, Surgical Division Annual Report and Review of March Still Births.			
Recommendation:			
The Board is asked to take assurance from this report.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO1: Safe – Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers</p> <p>SO2: Effective – As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy</p> <p>SO3: Caring – Working in partnership with staff, families and carers</p> <p>SO4: Responsive – Become the secondary care provider of choice our catchment population</p> <p>SO5: Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model</p>			
Corporate Impact Assessment:			
Legal and regulatory impact		As per safety & quality regulations	
Financial impact		N/A	
Patient Experience/Engagement		An integral part of the report	
Risk & Performance Management		Based on the Trust's Risk Management Policy	
NHS Constitution/Equality & Diversity/Communication		This report is available on the Trust website	

TRUST BOARD REPORT – 27th October 2016

SQC Chair's report

The SQC met on 6th October 2016. The committee considered standing items and sought assurance on a number of issues discussed at September meetings of the Executive Committee for Quality and Risk and CQRM. These included:

- An update on the IPCAS team establishment. The final outcome of discussions will be reported back to SQC next month.
- The Chiefs of Surgery are working towards removing the need to retrospectively check notes to ensure all patients have had a VTE assessment.
- Diagnostic alerts in the Endoscopy Unit are more frequent due to increasing requests. There was discussion about NICE guidance and national screening programme requirements which have resulted in an increase in referrals.
- Work on the EWS electronic system is being led by the Medical Director.
- CQRM no issues had been raised.
- Local CQUINs have just been agreed with CCGs. They include: integration of technology, motivational interviewing and patient activation measures, systems integration measures with local care homes, and the safer care bundle.

Quality Report

The monthly quality report showed an improvement in cancer performance. Diagnostic alert was discussed earlier in the meeting. There has been an improvement in the FTT scores for ED. The top 5 areas of concern remain the same as the previous month.

There was assurance provided with regard to low harm hospital acquired pressure damage data and NICE guidance compliance.

Safeguarding Annual Report

The report was well received; the revised format was approved by the committee.

DOLS applications and staff support to complete these were discussed. Changes in thresholds have been challenging but staff continue to be supported to process these effectively the problem remains completion of assessments by external agencies. Adult safeguarding alerts raised by the trust are managed via a multiagency process. Outcomes from these alerts are shared with the trust via regular meetings.

Compliance with level three safeguarding training has improved this year, the training offered is well evaluated and continues to be reviewed and adapted over time. The committee were assured by the report.

SASH Clinical Audit programme, end of year position

The use of Datixweb to produce the report has greatly improved the trust overview of audit programme delivery. The detail in the report provided robust assurance for the committee.

Surgical Division Annual Report

A comprehensive overview of the divisions structure, achievements, challenges, risks, incidents, patient experience, audit and mortality reviews was provided.

Surgery shortfall in junior doctors in non-training posts was explained. This was as a consequence of the national contract changes.

The condition of some older wards was also discussed. High bed occupancy has meant that it has not been possible to complete ward upgrades, this impacts in infection

prevention and the team are exploring options to ensure upgrades are completed.

Review of March Still Births

The NHS England saving babies lives initiative was explained. There are four elements and it was demonstrated that SASH stillbirth rate has dropped from 3.5 per 1000 births to 0.56 per 1000 live births.

The number of inductions on the unit has increased which has meant unit resources are now stretched as a consequence. The unit will be presenting a business case to the executive team.

The committee took assurance be from the handling of all the issues discussed.

Pauline Lambert
Non-Executive Director
Acting Chair, Safety and Quality Committee
October 2016