TRUST BOARD IN PUBLIC	Date: 28th July 2016 Agenda Item: 2.4		
REPORT TITLE:	SQC annual report to the Board		
EXECUTIVE SPONSOR:	Richard Shaw		
REPORT AUTHOR (s):	Richard Shaw / Katharine Horner		
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	n/a		
Action Required:			
Approval (✓)	**Discussion (✓)**		**Assurance ()**
Purpose of Report:			
The purpose of this paper is to provide assurance to the Board that the Terms of Reference of the Safety and Quality Committee (SQC) are being met.			
Summary of key issues			
The report provides a summary of key issues addressed by the committee over the last 12 months.			
Recommendation:			
The Trust is asked to take assurance from this 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 best practice, CQC and Audit Commission		
Financial impact	Appropriate use of resources		
Patient Experience/Engagement			
Risk & Performance Management			
NHS Constitution/Equality & Diversity/Communication			

TRUST BOARD REPORT – July 2016
SAFETY AND QUALITY COMMITTEE ANNUAL REPORT

1. **Purpose**

   The purpose of this paper is to provide assurance to the Board that the Terms of Reference of the Safety and Quality Committee (SQC) are being met, to highlight significant issues that have been raised, resolved or challenged and to describe improvements in the way the SQC works.

2. **Context**

   The SQC is a formal committee of the Board of Directors. The purpose of SQC is to provide the Board with a means of independent and objective review for the governance (oversight and scrutiny) of all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for the patients of Surrey and Sussex Healthcare (SASH) and all other recipients of our services. The committee ensures its work remains focused on the quality and safety of patient care and the patient experience.

   The SQC is scheduled to meet every month, with one meeting each quarter dedicated to assurance. In the 12 month period to 30th June 2016 the committee met 10 times and reported progress on its work to the Board via the Chair of the Committee. The Agendas are split into 5 parts looking at quality performance, safety, patient experience and quality and general business.

3. **Sources of assurance**

   The SQC reviews the maintenance of effective system of governance and risk management across the whole of the organisation's activities throughout the year. In order to gain a balanced insight and gain assurance the SQC:
   - is presented with a paper each month which gives highlights of the work of the Executive Committee for Quality and Risk (ECQR).
   - reviews the Trust Quality Report which proves an integrated overview of quality and safety across the Trust. This includes reporting key themes and trends across patient safety (incidents and complaints), alerts, infection control, clinical effectiveness, clinical audit, patient experience. The report includes narrative from each of the sub-committees.
   - reviews external assurance received by the Trust for example HMSR, FFT, external audit reports, national patient experience surveys, peer reviews.
   - receives a series of assurance papers each quarter covering key areas of safety, quality and patient experience compliance.
   - undertakes deep dive reviews of key areas of concern as agreed by the SQC which require more in-depth analysis.

4. **Ways of Working**

   The SQC has relied on a healthy balance of challenge and discussion led by the membership and supported by executive leads. Throughout the year the SQC has requested attendance from executive and management leads to provide support and allow challenge of any issues that have been identified as a significant issue.

   The Membership is outlined at section 3 of Appendix 1. The Committee's terms of reference states that there shall not be less than three non-executive directors on the

membership, one of whom shall be appointed as Chairman of the SQC; the quorum necessary for the transaction of business shall be three. Attendance throughout the year is has been as follows:

Member	July 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Richard Shaw (Chair)	✓	No meeting held	✓	✓	✓	No meeting held	✓	✓	✓	✓	✓
Pauline Lambert	✓		A	✓	✓		A	✓	✓	A	✓
Alan Hall (from Nov_15)				✓	✓		✓	✓	✓	✓	A
Alan McCarthy	✓		A	A	A		✓	✓	✓	A	✓
A = apologies received											

Two meetings were cancelled over the past 12 months; September due high level of annual leave and January due to "breaking the cycle" week.

5. Committee activity during 2015/6

The committee is presented with a paper each month which gives highlights of the work of the Executive Committee for Quality and Risk (ECQR). The committee has asked for further information and assurance on the following issues:

- Actions arising out of the analysis of two outstanding Trusts which will help the Trust move towards an outstanding rating.
- The committee has probed the actions being taken to reduce mortality in low risk conditions an issue which had the potential to become an elevated risk in the CQC intelligent monitoring rating.
- It has been noted by the committee that most of the quality risks for the Trust are well documented and discussed. Many of the risks relate to the pressure on the hospital of increasing patient numbers, especially in ED, admission to the appropriate ward and timely discharge to the community.
- Actions being taken to reduce noise at night to improve the inpatient experience.

Each month the committee reviews the Quality Report which includes data from the Trust scorecard. Discussion has included the following issues over the last year:

- the committee has requested short paper on the unintended consequences of the RTT target.
- a review of a sample of cases was requested to assess the risk emanating from re-admissions within 28 days following non-elective admission.
- the committee requested an update on the work undertaken within the ED to improve ambulance turnaround times.
- the committee has requested a presentation from the Obstetric team on the work being undertaken to implement the National GROW strategy. This was triggered by an unusual number of still births in March.
- The committee noted the failure to meet the breast symptomatic two week wait target and requested specific feedback from the Cancer Division on the work being done to improve the pathway.

Deep dives included:

- The committee received a presentation from the Obstetric team on their work to ensure that the caesarean section is appropriate for the Trust's patients taking into account their clinical condition. The committee took good assurance from the presentation and concluded that the caesarean section rates do not give rise for concern.
- The committee reviewed the progress made on the Dementia Strategy over the previous 12 months and future challenges.
- The committee received a presentation on venous thrombo-embolism which has been highlighted as a risk in the quality report. The presentation gave assurance that the Trust's performance on VTE is being closely monitored and reviewed.
- A clear analysis of the value and implications of the Safety Thermometer metric was presented by the Deputy Chief nurse. It was agreed that there were inconsistencies in the data and actions including staff training were agreed to address this.
- Each Division has been asked to present a summary of work, achievements and challenges. The Cancer Division has presented and the Division took good assurance from the management of the service and the improvements that have been achieved. The significant pressure on the service by the sustained increase in referrals for suspected cancer (12-14% p.a. for three years) was noted.
- A review of diagnostics which has appeared as a theme in Incidents in the Trust. The aim was to explore the processes involved in different aspects of diagnosis and see if areas for improvement could be identified. The Committee received five short presentations and discussed the implications for safety.

The committee regularly receives the following assurance papers:
- Quarterly incident report
- Quarterly complaints report
- Quarterly PALS report
- Quarterly Safeguarding report (adults and children)
- Quarterly CQUINS progress report
- Quarterly Clinical Audit report
- Divisional Annual report
- Falls Annual report
- National Patient Experience Surveys

6. **Challenges for 2016**

The SQC has identified the following as main challenges for 2016/7:

1) Continuing to seek and provide assurance of the Trust's quality and safety strategy by reviewing the Quality report each month and challenging the data where appropriate.
2) Ensure the committee retains focus on and receives updates on the progress of the following key areas;
   a. clinical audit
   b. falls prevention
   c. VTE compliance
   d. the safety implications of pressure on bed numbers
   e. right bed first time
   f. achieving and sustaining the symptomatic breast 2ww target

    g. safeguarding

    h. fractured neck of femur pathway

    i. stroke management

3) Monitor the implications of the new Sustainability and Transformation Plan (STP) for the Trust and its potential impact on quality and safety.

4) Continue to develop effective relationships with services and directorates to share learning and to drive safety and quality improvements.

5) Improve working linkages with the Board and other sub-committees to provide focused assurance aligned to the Board's needs.

6) Develop ways of working with the Shadow Council of Governors.

7. Conclusion

The Committee has been successful in maintaining and improving robust assurance mechanisms. The Trust scorecard (included in the Quality Report) was revised during the year and provides better data and information about quality and safety across the organisation. This has allowed the committee to better understand the strengths and weaknesses of quality and safety performance and is therefore well positioned to support the targeting of improvement actions. The Board can be assured that the Safety and Quality Committee is meeting its terms of reference.

Richard Shaw,
Non-Executive Director, Chair of Safety and Quality Committee
June 2016

Appendices
Appendix 1:

Safety and Quality Committee: Terms of Reference

1. Background

The Safety and Quality Committee ("the Committee") is constituted as a standing committee of the Board of Directors. These terms of reference can only be amended by the Board of Directors.

The purpose of the Committee is to assist the Board of Directors in executing their responsibility for seeking and monitoring assurance around safety, quality and patient experience. .

2. Authority

The Board of Directors has delegated to the Committee the authority to deal with the matters set out in paragraph 6 below.

The Committee is authorised by the Board of Directors to seek any information it requires from any employee of the Trust in order to perform its duties.

3. Membership and Attendance

The members of the Committee shall be:

(i)   The Chairman and three non-executive directors appointed by the Board of Directors;

(ii)   Medical Director or Deputy;

(iii)   Chief Nurse or Deputy;

(iv)   Chief Operating Officer or Deputy

(v)   Chief Financial Officer or Deputy.

(vi)   Clinical Chiefs of Service (6 including, Chief of Education and Chief Clinical Informatics Officer)

Members of the Board of Directors not specified in paragraph 3.1 above shall have the right of attendance. The Secretary shall circulate minutes of meetings of the Safety and Quality Committee to all members of the Board of Directors with Board papers.

The Chairman of the Committee shall be a non-executive director appointed by the Board of Directors.

As Accountable Officer, the Chief Executive has an open invitation to attend each Board sub-committee.

The following individuals are required to attend part or all of the meetings as required by the Chairman of the Committee but shall have no voting rights:

(i)   Divisional Chief Nurses

(ii)   Risk and Patient Safety Lead ;

(iii) Director of Informatics, Estates and Facilities – *by invitation only when required;*

(iv) Director of Corporate Affairs - *by invitation only when required;*

(v) Clinical Governance Compliance Manager

(vi) Corporate Governance Manager

(vii) Any other clinicians, nursing and midwifery staff and allied health professionals as appropriate to the business of the meeting concerned; and

(viii) Accountable Officer for Controlled Drugs (*by invitation only when required);*

4. Quorum

The quorum necessary for the transaction of business shall be five members, which shall include two non-executive directors, the Medical Director (or deputy) or Chief Nurse (or deputy), two Chiefs of Service or their deputies.

A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

In the absence of the Committee Chairman and/or an appointed Deputy, the remaining non-executive members present shall elect one of themselves to chair the meeting.

Where a Committee meeting:

i. is not quorate under paragraph 4.1 within one half hour from the time appointed for the meeting; or

ii. becomes inquorate during the course of the meeting,

The Committee members present may determine to adjourn the meeting to such time, place and date as may be determined by the members present.

5. Meetings

The Committee shall meet monthly for two hours and at such other times as the Chairman of the Committee shall require.

Risk and Patient Safety Lead – or their nominee shall act as the Secretary of the Committee.

Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of the Committee Chairman.

Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee no later than seven days before the date of the meeting.

Supporting papers shall be sent to Committee members and to other attendees, as appropriate five days ahead of the date of the meeting.

6. Duties

The Committee shall support the Board of Directors with:

6.1. STRATEGY

The Committee will review and approve the Safety and Quality Strategy and the Quality Account following its development through EC and prior to presentation to the Board for approval.

6.2 CLINICAL GOVERNANCE CONTROL SYSTEMS

The Committee will seek assurances that the following clinical governance controls are reviewed to provide assurance of the Trust's statutory duties are executed and the control system's design, function and performance is satisfactory, meets best practice and is benchmarked with leading Trust's wherever possible.

- Clinical Audit
- CQC Compliance
- Incident management
- Mortality
- Infection, prevention and control
- NICE Compliance
- Complaints
- Patient Opinion
- Clinical Claims handling
- Safeguarding
- Clinical Data Quality

6.3 SAFETY

The Committee will seek assurances that the safety of patients and any risk to their safety is managed effectively through EC. The Committee will specifically ask for evidence, via the minutes of EC meetings, that incident management metrics are reviewed and acted on, that timely root cause analyses are instigated for SUIs and HCAIs and lessons learnt, and that patients are safeguarded in patient areas and all transfers within the hospital and to the community.

The Committee will review recurring themes and key trends of incidents to see that lessons are learnt are shared trust-wide to prevent recurrence of incidents. The Mortality group will report directly to the Committee on its findings and learnings. The Committee will look at the incidence of claims for compensation through the NHSLA scheme and how these are managed.

6.4 PATIENT EXPERIENCE

The Committee will seek assurances that improving the Patient Experience is part of the trust's everyday business.

The trust's Patient Experience Committee has been re-formed and will report to the Safety & Quality Committee, to provide additional assurance that the lessons are learnt from patient experiences, surveys, patient

opinion sites, complaints, claims, patient constitution issues and stakeholder feedback and are shared across the whole organisation. The Committee should have confidence in the way the trust source patient feedback and involvement, utilising various methods of collecting and responding to patient information in order to widen participation that is representative of all patient groups.

The Committee will expect the Patient Experience group to report on its oversight of complaints - both the management of the process as well as substance and response to complaints and lessons learnt. The Committee will ask for periodic reviews of complaints in the trust direct from the Complaints team to triangulate its source of assurance with reporting from the Patients Experience group.

The Committee will assure itself that different patient groups (selected by demographics or condition) have the optimal patient experience, safety and the quality of services by triangulating different data sources, hard and soft intelligence with commentary from clinicians.

6.5   QUALITY OF SERVICE

The Committee's programme of work will include a review of the improving quality of services by looking for evidence of clinical improvements in the trust arising from mortality reviews and in response to other drivers e.g. Francis Report, SUI action plans, to assure the trust is implementing the best clinical practices.

It will review the rationale for the design of the clinical audit programme, conduct progress reviews and seek assurance from the clinical audit results. Compliance with NICE directives is also an important benchmark of best practice where applicable to the Trust and the Committee will seek assurance that the trust responds and adopts NICE directives in a timely way with assurance of implementation via clinical audit.

The Committee will seek assurance that clinical data is collated and reported accurately, timely and using the correct methodology. The Committee will seek assurance that the trust's responsibility to manage and safeguard patient information thought its adherence to the Information Governance policy and maintenance of minimum standards

6.6   COMPLIANCE

The Safety and Quality Committee will receive assurance of compliance with CQC and other regulators by exception reporting of potential risks to compliance with CQC and other regulators from EC, which is responsible for evidencing compliance.

7. Reporting arrangements

7.1   The Committee Chairman shall report formally to the Board of Directors on its proceedings after each meeting on all matters within its duties and responsibilities.

7.2 The Committee shall make whatever recommendations to the Board of Directors and/or Executive Committee that it deems appropriate on any area within its remit where action or improvement is needed. In particular, the Committee shall refer any substantive issues or concerns on delivery of the Safety and Quality Strategy to the Audit and Assurance Committee, the Executive Committee for Quality and Risk and or to the Board of Directors for wider consideration in light of its overall responsibility for ensuring the safety and quality of services provided by the Trust.

8. Review

8.1 The Committee shall, at least once a year, review its own performance, membership and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval.

Appendix 2:

Safety and Quality Committee: Standing Agenda

	1	General Business
		Apologies
		Declaration of interests
		Minutes of previous meeting
		Agreed actions tracker
	2	Strategic & Regulatory
	3	Safety
	4	Patient Experience
	5	Quality
	6	General
		AOB
		Issues to report to Board
		Date of next meeting

Appendix 3:

Safety and Quality Committee: Meeting Timetable

The Committee shall meet monthly based on the indicative programme below:

	Subject	Quarterly	Bi-annually	Annually
Strategic & Regulatory				
1	Approve Trust's Safety and Quality Strategy			✓
2	Approve Trust's Quality Account			✓
3	Francis implementation	✓		
4	CQC Compliance/ regulatory updates	✓		
Safety				
5	Incident management	✓		
6	Infection, prevention and control			✓
7	Mortality		✓	
8	Claim handling			✓
9	Safeguarding			✓
Patient Experience				
10	Patient Opinion	✓		
11	Complaints	✓		
12	Patient groups (by demographics or condition)		✓	
Quality of Care				
13	Clinical audit programme and audit results			✓
14	Progress of clinical audit programme		✓	
15	Evidence at point of care	✓		
16	NICE Compliance		✓	
17	Information governance			✓
18	Data Quality		✓	