

<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 30<sup>th</sup> March 2017</b>	
		<b>Agenda Item: 2.2</b>	
<b>REPORT TITLE:</b>		SQC	
<b>EXECUTIVE SPONSOR:</b>		Richard Shaw, Chair Safety & Quality Committee	
<b>REPORT AUTHOR (s):</b>		Richard Shaw, Chair Safety & Quality Committee	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)		n/a	
<b>Action Required:</b>			
<b>Approval ( )</b>	<b>Discussion ( )</b>	<b>Assurance (✓)</b>	
<b>Purpose of Report:</b>			
To provide an update of the activities of the safety and quality committee.			
<b>Summary of key issues</b>			
The report provides a summary of the key agenda items discussed at the Safety and Quality Committee in March 2017. Apart from standing items, the agenda included an Annual Report from Women and Children's Division and reports on Duty of Candour and CQC Gap Analysis. The Committee took good assurance on the governance of these items.			
<b>Recommendation:</b>			
N/A			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<b>SO1:</b> Safe -Deliver safe services and be in the top 20% against our peers <b>SO2:</b> Effective - Deliver effective and sustainable clinical services within the local health economy <b>SO3:</b> Caring – Ensure patients are cared for and feel cared about			
<b>Corporate Impact Assessment:</b>			
<b>Legal and regulatory impact</b>	Compliance with CQC, MHRA and Audit Commission		
<b>Financial impact</b>	Serious incidents often become claims		
<b>Patient Experience/Engagement</b>			
<b>Risk &amp; Performance Management</b>	Reporting, investigation and learning from serious incidents informs risk management		
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>			
<b>Attachment:</b>			

## **Trust Board Report Safety and Quality Committee Chair's Report**

The Safety and Quality Committee met on 2<sup>nd</sup> March 2017.

### ECQR and CQRM

The Committee received a summary report on the meetings of ECQR and its sub-committees in February. We took good assurance from ECQR discussion of CQC compliance, and welcomed the agreement of a new Dementia Strategy that SQC had discussed in an earlier draft form.

We discussed the rationale for changing the provider of Your Care Matters, and were assured that the new provider would be responsive to our needs and competitive on price. It was suggested that it might be beneficial to develop links with a similar approach being taken in primary care.

We explored the reasons for a temporary increase in crude mortality following cases of fractured neck of femur and the process of learning that ensued. This had been recently discussed at Clinical Effectiveness Committee. We were assured that the increase was not relatively high and that cases and care pathway were being thoroughly reviewed. The issue had also been discussed at CQRM and it was confirmed that no concerns had been raised.

The Committee was pleased to learn that pressure damage incidents had been discussed at Patient Safety Committee and that a report would be brought to SQC next month. We also asked for an update on progress in monitoring Trauma Audit and TARN data.

### CQUIN

We were briefed on the outcome of the recent quarterly meeting with CCGs on progress with the CQUIN targets. Good achievements included meeting the target for flu vaccinations and E-communications, as well as good progress on sepsis in ED. Some more challenging areas remain, including in-patient sepsis. The Committee looked forward to receiving an end-of-year report shortly.

### Quality Report

The Committee explored a number of questions arising from the monthly Quality Report, including:

- We welcomed a significant improvement in patient falls and noted the challenge of sustaining this performance as a result of the new approach to the issue.
- We also welcomed the prioritization of cancer patients which was now enabling us to meet targets for diagnosis and treatment. We explored the implications for other patients and received good assurance that a process was in place assess their needs and to monitor how quickly we can re-book surgery.
- We noted that stroke performance remains challenging and supported a suggestion that ECQR should consider adding the stroke pathway to the Quality Report.
- We were assured that meetings with other Trusts are taking place to discuss the implications of the recent coroner's report on a patient whose transfer to a tertiary trust was delayed.

### Duty of Candour

The Committee received a report on implementation of the Duty of Candour, which included the findings of an internal audit in November 2016. We took reasonable assurance that controls in place to manage compliance are well designed and consistently applied. There remains further progress to be made. Duty of Candour works well within SI investigations, but there can be delays in updating DATIX for incidents initially defined as moderate, and in following up a verbal conversation with a written letter to the patient. The term "Duty of Candour" is considered less helpful than a phrase such as "being open". The Committee was assured that the Duty of Candour is monitored at divisional governance meetings, that some shortcomings in Cancer are

being addressed, and that the Patient Safety Committee will also undertake monitoring. SQC resolved to receive quarterly updates on progress.

We also discussed the implications of the recently published Southern Healthcare Inquiry, which made recommendations about involving patients and families in investigations. Patient Safety Committee will report further to SQC about this.

#### Peer Reviews

The Chief of Cancer made a presentation on outcomes from peer reviews of the service undertaken in 2016. Discussion focused on oncology and histopathology, and the Committee took good assurance that appropriate learning from peer reviews was taking place and that any areas of learning were being addressed.

#### CQC Gap Analysis

The Committee took assurance from a report on preparations for an anticipated CQC inspection later this year. ECQR has tasked a group with overseeing compliance with standards and assessing any areas of concern. The aim is to achieve Outstanding overall, and ideally in every domain, although it is also important to demonstrate self-awareness. It was noted that no Trust has so far been assessed Outstanding for Safety. We asked for an assessment and assurance framework for safety and quality to be presented to the Committee as soon as practicable.

#### WaCH Annual Report

The Chief of WaCH made a presentation on her division's achievements in the past year and its future risks and challenges. The significant achievements included a reduction in Caesarian rates to below the national average and a reduction in the rate of still births. Challenges included staffing vacancies and risks arising from the increased demand for hospital services, which are reviewed and managed as part of the divisions established governance framework. The Committee welcomed the achievements of the division and were assured by governance of risks. In particular the risk relating to cot space is being considered for improved facilities.

#### **Next Meeting**

The next SQC meeting is at 12.00 noon on Thursday 6<sup>th</sup> April.