

<b>TRUST BOARD IN PUBLIC</b>		Date: 25 <sup>th</sup> May 2017	
		Agenda Item: 2.2	
<b>REPORT TITLE:</b>		Safety & Quality Committee Chair Update	
<b>NON-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 May 2017. Apart from standing items, the main focus of the meeting was on quarterly assurance reports from a range of service areas.			
<b>Recommendation:</b>			
The Board is asked to note the report.			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<b>SO1:</b> Safe – Deliver safe, high quality care <i>and improving</i> services which pursue perfection and be in the top <b>25% of</b> our peers <b>SO2:</b> Effective – As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy <b>SO3:</b> Caring – Work <i>with compassion</i> in partnership with patients, staff, families, carers <i>and community partners</i>			
<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>			

Attachment:

## Trust Board Report in Public – 25<sup>th</sup> May 2017 Safety and Quality Committee Chair's Report

The Safety and Quality Committee met on 4<sup>th</sup> May 2017.

### 1. ECQR and CQRM

The Committee received a summary report on the meetings of ECQR and its sub-committees in April. The report continued the focus on deep-dive self-assessments of how services measure up against CQC domains, covering Intensive Care Unit, Estates and Therapies.

The Committee took good assurance from the positive findings of the reviews, and from the staff enthusiasm for showcasing their good work. Potentially more could be done to draw out genuinely outstanding work, while it was also important to demonstrate self-awareness and opportunities for further improvement.

SQC noted the importance of therapies, especially for patient rehabilitation. We welcomed the development of a therapies strategy requested a presentation to the Committee when it is completed.

It was also suggested that the Board should be involved in discussion on the Well-Led Framework, as it had been on its predecessors, BGAF and QGAF.

There was no meeting of CQRM in April.

### 2. Quality Report

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

- We discussed the difficult pressures facing the hospital as a result of high demand for services, noting that escalation was in place. We took good assurance from the continuity plans that were working well in managing demand.
- We discussed the continuing challenge in meeting RTT targets and sought assurance that the priority given to cancer treatment was not having an adverse impact on other patient treatments and pathways. We welcomed the appointment of the new Director of Outcomes, Richard Brown, who attended the meeting. His role will include analysing whether there may be any longer term impact on patients as a result of steps taken to manage demand. We invited him to present a report to SQC when he has been able to make progress with this valuable work.
- We welcomed the ward training on accurate use of the Safety Thermometer tool and data cross checks, which is showing an improvement in data quality and in performance.
- There had been five cases of CDiff in March. The Committee took good assurance from the root cause analysis and action reviews that follow each case. We also noted that incidence of CDiff is generally lower at SASH than other Trusts, or in line with them.
- In a discussion on mortality, it was noted that the HSMR rolling 12-month graph is showing a gradual trend upwards over the last five years. An external; review by the regional lead orthogeriatrician found no evidence of sub-optimal care, but that there was over-representation of older age groups and of co-morbidities. The committee took good assurance from these findings and welcomed continuing further exploration of potential causes. SQC will be receiving a report on mortality next month.

### 3. Quality Account

The Committee approved a draft Quality Account for circulation to partner organisations and stakeholders seeking their comments. A subsequent version will be submitted to SQC for approval following consultation.

### 4. Assurance Reports

The Committee received seven assurance reports, providing a summary overview of the successes, challenges and risks facing services. The reports now provide a simple grading of assurance, and next quarter Executive Leads will provide a short commentary and indication of relative risk. Overall the picture was of good or adequate assurance, and the comments below reflect discussion of potential areas for further improvement

- Patient Experience: reasonable assurance. There can be delays in dealing with concerns raised through PALS and in closing cases. There is an emphasis on dealing with concerns more proactively.
- Complaints: reasonable assurance, although there is room for further improvement in the quality and timeliness of responses. There is a continuing focus on further improvement.
- Incidents: good assurance, with continuing progress in reducing the number of incidents overdue for review.
- Safeguarding of Children: good assurance despite the considerable increase in referrals in the last year or so. We discussed the need for extended level 2 training time and a more appropriate venue; also the need to have a named nurse and doctor for looked after children.
- Safeguarding of Adults: reasonable assurance and overall good practice in reporting adult safeguarding concerns, with good uptake of training. The main area for improvement is in understanding of MCA and DoLS referral: there are plans in place to address this.
- Falls: reasonable assurance pending the outcome of the work on pilot wards. The falls rate is below the national average for the last three months, and specific areas of concern are being addressed.
- Infection Control: reasonable assurance, with performance in line with or better than most peers. A strong focus on infection control through peer reviews with two other organisations and through the VMI workstream on diarrhoea.
- Mortality: reasonable assurance. The new Director of Outcomes will be taking a close interest in mortality, particularly the M&M meetings and case reviews.

### 5. AOB

The Committee was briefed on a recent national media report about a complaint against maternity services at the Trust. The most recent contact with the patient had been a meeting with her in January 2015 which had appeared to have resolved concerns. We concluded that the case, like many other complaints and concerns raised by patients and their families, highlighted the importance of having open dialogue and honest conversations with patients and their families and setting clear expectations.

**Next Meeting**

The next SQC meeting is at 12.00 noon on Thursday 1<sup>st</sup> June.

**Richard Shaw**  
**Non-Executive Director**  
**Chair Safety & Quality Committee**  
**May 2017**