

TRUST BOARD IN PUBLIC		Date: 29th June	
		Agenda Item: 2.2	
REPORT TITLE:		Safety & Quality Committee Chair Update	
NON-EXECUTIVE SPONSOR:		Pauline Lambert 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 discussed at the Safety and Quality Committee in June 2017. Apart from standing items, the main focus of the meeting was on improvements in trauma audit and ED discharge summaries, RTT, developments in Mortality, the Clinical Audit programme and an annual report from the Cancer Division.			
Recommendation:			
The Board is asked to note the report.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO1: Safe – Deliver safe, high quality care <i>and improving</i> services which pursue perfection and be in the top 25% of our peers			
SO2: Effective – As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy			
SO3: Caring – Work <i>with compassion</i> in partnership with patients, staff, families, carers <i>and community partners</i>			
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 &	Included in the report		

Diversity/Communication	
Attachment:	
N/A	

TRUST BOARD REPORT IN PUBLIC – 29th June 2017 SAFETY & QUALITY COMMITTEE CHAIR UPDATE

The Committee met on 1st June 2017.

ECQR and CQRM

The Committee received a summary report on the meetings of ECQR and its sub-committees in May. We welcomed the positive impact of open visiting hours, which has led to a reduction in complaints in Medical Division and improved engagement with friends and relatives of patients. We also welcomed a new process to improve discharge of orthopaedic patients to nursing homes involving six local care homes in a Care Home Forum, and asked for a further update on progress in September.

The Committee probed the challenges of recruiting staff into histology and also incidence of mortality in patients with fractured neck of femur, receiving assurance that the issues are being kept under constant review.

No issues had been escalated by CQRM to the single conversation, but the Committee noted their discussion about Stroke and linked this to performance indicators for admission to a stroke bed and length of stay in the Quality Report. Discussion focused on ways of improving the overall pathway for patients and the need for more support through rehabilitation. The expectation was set for a common pathway to be developed with partners by November with alternative care delivery models in place. One suggestion was for a cross-Trust seminar to support progress. SQC will receive a progress report in November.

Quality Account

The Committee received a revised version of the Quality Account following consultation and endorsed this for submission to the Trust Board, subject to some gaps being filled in, notably relating to C.diff figures.

Referral to Treatment

The Committee received a presentation on RTT waiting times. The Trust has given priority to cancer patients, and we have seen strong performance as a result, but it is important to be assured that there is no significant adverse impact on other patients with urgent needs. The Committee took some assurance from the outcomes of RCA investigations and from the plans and controls in place, but the pressures on capacity mean that a continuing focus will need to be maintained. SQC also probed a number of specialties where RTT delays are more significant and took some assurance from the actions in place to address them.

Trauma Audit and Research Network (TARN)

The Committee received a report on progress in responding to the findings of last year's peer review. This was generally positive, but identified a need for improvement in data return performance. This issue has now been addressed and performance is much improved, to the point where SASH is now ahead of most peers for data return performance indicators. Trauma Network representatives recently visited the Trust for a peer review update and confirmed their satisfaction with performance. The Committee took good assurance from this progress and from measures to ensure it is sustained.

ED Summary Discharge Project

The Committee received a report on a project to improve the quantity, quality and timeliness of information provided to GPs when patients are discharged into the community following a visit to ED. This information is important in supporting continuity of care, and the aim is to complete all discharge summaries within 23 hours of attendance. At present about 10% of ED patient records remain incomplete within this timescale. The Committee asked ECQR to monitor the project with a view to providing assurance that quality as well as quantity of information is

addressed, that GPs and other stakeholders are involved, and that the project is adequately supported and meets deadlines.

Mortality

Following recent national high-profile cases, a reporting scheme is being introduced requiring data on all deaths to be submitted where a patient has special needs. A national Medical Examiner Pilot will scrutinize and confirm cause of all deaths that do not need to be examined by a coroner, but this will not be introduced until 2019. As part of a renewed focus on mortality, the Trust has therefore set up its own internal Medical Examiner system involving 11 consultants and local GPs. This began in April and has received positive initial feedback. SQC probed the Trust's care of patients with special needs and received good assurance about the role of liaison nurses in helping it identify patient needs. We also welcomed the evidence of positive engagement with relatives of deceased patients.

Clinical Audit

SQC received a Q4 report on the Clinical Audit programme for 2016/17. This showed significant improvement on previous years in terms of a realistic programme being set at the start of the year, good management of the programme in-year and good learning outcomes. It was recognized that the use of Datix has helped improve management.

Cancer

The Committee received an informative annual report on the Cancer Division, setting out its principal achievements and challenges. The Division has had to face a significant increase in referrals of 17% in the year but has still performed extremely well on waiting times. The Committee probed specialties that face challenges on waiting times and took assurance from the plans in place to strengthen performance. We noted that the Division is seeking investment in further equipment, including a second MRI machine and replacement of older x-ray equipment, and that this is being considered through the normal process.

Next Meeting

The next SQC meeting is at 12.00 noon on Thursday 6th July.

Pauline Lambert
Non-Executive Director
Safety & Quality Committee
June 2017