

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	1st June 2015
Board Sponsor:	Chair Quality and Risk Committee
Paper Author:	Chair Quality and Risk Committee
Subject:	Quality and Risk Committee – May 2015

Executive Summary

The report describes the discussions at the May meeting of the Committee which discussed the implementation of the *Duty of Candour*; the draft *Safety, Quality and Patient Experience Strategy* and draft *Quality Accounts 2014/15*.

The Committee also discussed progress with the CQC action plan, noting the challenges to progress with those parts of the plan concerning patient flow. The Committee was assured by the Trust assessment of its position in response to the recommendations of the *Savile Inquiry – Lessons Learnt*.

The Committee also supported a thorough review of the Trust whistle-blowing arrangements in the light of the *Freedom to Speak Up* report.

Links to corporate objectives	Discussions at the Committee focused on the objectives of <i>excellent outcomes</i> ; and <i>great experience</i>
Identified risks and risk management actions	Key risks concern those elements of the CQC action plan relating to patient flow; and the Trust capacity to meet the timescales under the <i>Duty of Candour</i> regulations
Resource implications	The Committee recommends that the Trust review the adequacy of the resources to support the <i>Duty of Candour</i> regulations
Report history	The Chair(s) of the Committee report to the Board following each meeting of the Committee

Action required by the Board

The Board is asked to note the Quality and Risk Committee report.

Report to the Board of Directors, 1st June 2015 Quality and Risk Committee Report

Items on the Board agenda

1. Care Quality Commission

The Committee received a report on progress with the CQC action plan, noting that those areas of the plan which related to emergency and unscheduled care and patient flow remained the highest risk to delivery. This included use of the cohort area, discharge lounge and recovery and the number of medical and surgical outliers. The Committee noted that progress had also been slower than anticipated in delivering some of the changes, designed to enhance capacity and patient flow, for example, the Newhaven Downs facility.

The Committee welcomed the positive outcome of the recent quality visits, particularly in women's services, where the feedback from patients and staff had been encouraging.

2. Savile Inquiry – lessons learnt

The Chief Nurse Trust reported on the Trust response to the recommendations made in the summary report following the Savile Inquiries. Overall, the Trust position was that it had procedures in place in respect of each of the recommendations and robust safeguarding arrangements, although in some areas those arrangements needed to be formalised and strengthened

Items not on the Board agenda

3. Duty of candour

The Committee had a detailed discussion regarding the implementation of the *Duty of Candour* with the Head of Clinical Investigations and Serious Incident Investigator who advised that we are meeting the legal requirement of notification of a safety incident in 50% of cases only; and meeting our internal timescale of completing investigations within 9 weeks in 59% of cases. This is because of issues concerning the identification and definition of safety incidents which fall under the regulations, the increased volume of investigations required, ownership of this responsibility within the directorates and the quality of some investigations. The Trust will need to give further consideration as to whether there are sufficient resources to undertake this process effectively.

The Committee supported the principle underpinning the *Duty of Candour* in offering an early apology to patients and families when things go wrong; and its potential for effecting cultural change.

The Committee also discussed how information from notifiable safety incidents could be triangulated with complaints, litigation and other data and asked for further consideration about how this data could be report in the future, potentially through a 'heat map'.

4. Safety, quality and patient experience strategy

The Committee received the draft Safety, quality and patient experience strategy, which will be submitted to the Board for approval on 6th July, welcoming its focus on patients, and noting its importance as an outward-facing document for the Trust. The Committee further discussed how the final strategy could be communicated with staff teams and patients and how progress would be monitored.

5. Quality account 2014/15

The Committee also received the draft Quality Account 2014/15 which will be published at the end of June. The Committee was advised that following discussion at the Clinical Management Board, Quality and Risk Committee, and with patient groups, commissioners and other providers, three priorities have been agreed for 2015/16 (alongside business as usual projects)

- Improving care for frailty patients
- Improving care for deteriorating patients - sepsis
- Improving care for deteriorating patients - Acute Kidney Injury (AKI)

The Committee also made a number of comments on the draft report to improve its clarity and accessibility.

6. Patient Safety Ombudsman Panel

The Committee discussed the Trust response to the *Freedom to Speak Up* report and noted that it would be discussed at the Board on 6th July as part of a thorough review of the Trust whistle-blowing arrangements.

Professor Malcolm Reed
Chair
Quality and Risk Committee
May 2015