

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>30<sup>th</sup> June 2016</b>
<b>Board Sponsor:</b>	<b>Chair, Quality and Performance Committee</b>
<b>Paper Author:</b>	<b>Chair, Quality and Performance Committee</b>
<b>Subject:</b>	<b>Report from the Quality and Performance Committee 23rd June 2016</b>

### **Executive summary**

The Quality and Performance Committee met on 23<sup>rd</sup> June and approved the terms of reference of its sub-Committees, subject to clarifying the role of the various sub-committees in managing and controlling risk, the processes for escalation and their role in safeguarding patients and the Trust. And with the understanding that the sub-Committees would be kept under regular review.

The Committee agreed the need for improved, reliable and benchmarked performance reporting. The Committee discussed the draft Quality and Safety Improvement Plan, developed in response to the CQC section 29a Warning Notice, and would monitor progress rigorously. The Committee also received reports on urgent and planned care and recommended approval of the draft Quality Accounts to the Board.

### **Action required by the Board**

The Board is asked to note the report.

<b>Links to corporate objectives</b>	The report concerns the objective of <b><i>excellent outcomes and great experience</i></b>
<b>Identified risks and risk management actions</b>	The key risks concern: <ul style="list-style-type: none"> <li>• Delivery of the performance trajectories for urgent and planned care</li> <li>• Delivery of the Quality and Safety Improvement Plan</li> <li>• Improved performance reporting and management</li> </ul>
<b>Resource implications</b>	None applicable to this report
<b>Report history</b>	None

<b>Appendices</b>	None
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## **Report to the Board of Directors, 30th June 2016**

### **Report from the Chair of the Quality and Performance Committee**

#### **Introduction**

The Committee meeting on 23rd June was the first meeting of the Quality and Performance Committee following Board approval of the revised Trust governance arrangements in April.

At the start of the meeting the need for open and transparent discussion of the issues presented to the Committee was emphasised; and the importance of data, which was reliable and benchmarked, wherever possible, to enable comparison of Trust performance with other comparable organisations.

The meeting also agreed that more sophisticated reporting of data in reports in the Trust generally, would be beneficial and this would be taken forward by the new Director of Performance.

The Committee noted that CQC had found inaccurate and conflicting reporting of data to the Board and the need for rapid improvement in performance reporting and the Chief Executive advised that the new Director of Performance would also develop an integrated performance report which would be submitted for discussion at each meeting of the Committee.

#### **Sub-Committees**

The Committee approved the Sub-Committee (third tier) structure and terms of reference, subject to clarifying the role of the various sub-committees in managing and controlling risk, the processes for escalation and their role in safeguarding patients and the Trust. Further amendments were proposed and would be incorporated. The revised terms of reference would be submitted to the Committee and the effectiveness of the arrangements kept under review.

#### **Quality and Safety Improvement Plan**

The Committee received the draft Quality and Safety Improvement Plan and agreed the importance of rigorous reporting of progress, also agreeing the importance of monitoring the effectiveness for patient outcomes of the different inputs and processes detailed in the plan..

The Chief Executive advised the Committee that the Plan would be submitted to the public Board meeting on 30<sup>th</sup> June.

#### **Health Watch Report**

The Medical Director presented the Health Watch Report on the experience of patients in the Accident and Emergency Department at the Royal Sussex County Hospital. The Committee noted the clear areas for improvement which would be incorporated in the Quality and Safety Improvement Plan, noting the findings around shortfalls in communication, for example, delays in receiving care. The Chief Executive would write to Health Watch to thank them for the report.

#### **Urgent Care**

The Committee noted the steady improvement in performance against the 4 hour Accident and Emergency standard, although it remained significantly below the 95% standard. The agreed trajectory required 89% performance by January. The Committee was also advised that delays in ambulance handover remained a problem particularly when there was a surge in

conveyances. The Committee also discussed medical engagement with the improvement plans in the Emergency Department and was advised by the Clinical Director that the Consultants were now driving the plans.

### **Planned Care**

The Chief Financial Officer reported on Planned Care, noting the investment in improving the position for RTT and diagnostics. The Committee was advised that the biggest risk and challenge was around improving efficiency and workflow, capacity and also in working with primary care to ensure appropriate referrals.

The Committee also discussed progress with job planning and was advised that this had improved in some areas e.g. perioperative and was being addressed through the Financial Improvement Programme, with significant efficiency opportunities through improved job planning.

### **Quality Accounts**

The Committee received the annual Quality Account agreeing that there was insufficient internal consistency in the report. The Chief Executive advised that the design and content of the Quality Account would be reviewed by the Director of Clinical Governance on appointment.

**Farine Clarke**  
**Chair, Quality and Performance Committee**  
**June 2016**