

Public Document Pack

Scrutiny Panel B

PATIENT SAFETY IN ACUTE CARE INQUIRY

Thursday, 29th July, 2010
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Capozzoli (Chair)
Councillor Daunt (Vice-Chair)
Councillor Drake
Councillor Harris
Councillor Marsh-Jenks
Councillor Payne
Councillor Parnell

Contacts

Democratic Support Officer
Ed Grimshaw
Tel: 023 8083 2390
Email: ed.grimshaw@southampton.gov.uk

Policy and Performance Analyst
Caronwen Rees
Tel: 023 8083 2524
Email: caronwen.rees@southampton.gov.uk

PUBLIC INFORMATION

Southampton City Council's Six Priorities

- Providing good value, high quality services
- Getting the City working
- Investing in education and training
- Keeping people safe
- Keeping the City clean and green
- Looking after people

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2010/11

2010	2011
Thurs 10 June	Thurs 13 Jan
Thurs 15 July	Thurs 10 Feb
Thurs 9 Sept	Thurs 17 Mar
Thurs 14 Oct	Thurs 21 Apr
Thurs 11 Nov	

** **bold** dates are Quarterly Meetings

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the contained in Article 6 and Part 3 (Schedule 2) of the Council's Constitution.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

Disclosure of Interests

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "personal" or "prejudicial" interests they may have in relation to matters for consideration on this Agenda.

Personal Interests

A Member must regard himself or herself as having a personal interest in any matter

- (i) if the matter relates to an interest in the Member's register of interests; or
- (ii) if a decision upon a matter might reasonably be regarded as affecting to a greater extent than other Council Tax payers, ratepayers and inhabitants of the District, the wellbeing or financial position of himself or herself, a relative or a friend or:-
 - (a) any employment or business carried on by such person;
 - (b) any person who employs or has appointed such a person, any firm in which such a person is a partner, or any company of which such a person is a director;
 - (c) any corporate body in which such a person has a beneficial interest in a class of securities exceeding the nominal value of £5,000; or
 - (d) any body listed in Article 14(a) to (e) in which such a person holds a position of general control or management.

A Member must disclose a personal interest.

Continued/.....

Prejudicial Interests

Having identified a personal interest, a Member must consider whether a member of the public with knowledge of the relevant facts would reasonably think that the interest was so significant and particular that it could prejudice that Member's judgement of the public interest. If that is the case, the interest must be regarded as "prejudicial" and the Member must disclose the interest and withdraw from the meeting room during discussion on the item.

It should be noted that a prejudicial interest may apply to part or the whole of an item.

Where there are a series of inter-related financial or resource matters, with a limited resource available, under consideration a prejudicial interest in one matter relating to that resource may lead to a member being excluded from considering the other matters relating to that same limited resource.

There are some limited exceptions.

Note: Members are encouraged to seek advice from the Monitoring Officer or his staff in Democratic Services if they have any problems or concerns in relation to the above.

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS

In accordance with the Local Government Act, 2000, and the Council's Code of Conduct adopted on 16th May, 2007, Members to disclose any personal or prejudicial interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Panel Administrator prior to the commencement of this meeting.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (

To approve and sign as a correct record the Minutes of the Inquiry Meeting held on 10th June 2010 and to deal with any matters arising, attached.

7 PATIENT SAFETY IN ACUTE CARE INQUIRY

Report of the Executive Director of Health and Adult Social Care detailing the Inquiry's Terms of Reference and Inquiry Plan, attached.

8 PATIENT SAFETY IN ACUTE CARE INQUIRY – BACKGROUND AND CONTEXT

Report of the Head of Policy and Improvement for Southampton City Council presenting a paper from the Director of Nursing (at the Southampton University Hospital Trust) and the Associate Director of Performance and Integrated Governance (NHS Southampton City) detailing the quality assurance framework for acute care in Southampton, attached.

SCRUTINY PANEL B

MINUTES OF THE MEETING HELD ON 10 JUNE 2010

Present: Councillors Capozzoli (Chair), Daunt, Drake, Harris, Payne and Willacy

Apologies: Councillor Peter Marsh-Jenks

In Attendance Mr H Dymond, Ms A Guy and Mrs S Carley (Slinks)
Mr B Deans (Chief Executive Officer NHS Southampton City)

1. **APPOINTMENT OF VICE-CHAIR**

That Councillor Daunt be appointed as Vice-Chair for the 2010/11 municipal year.

2. **NHS SOUTHAMPTON 5 YEAR STRATEGY**

The Panel considered the report of the Chief Executive of NHS Southampton City detailing the Southampton Strategy in light of the Coalition Government Manifesto (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel additionally received a presentation from the Chief Executive of NHS Southampton that briefed the Panel on the following matters:

- **The National Context** - including how the provision of health care nationally was being affected by the economic climate explaining that the increases in health funding over the past 10 years would not be sustainable for the future. It was explained that growth in real terms of above inflation would not match the pressures of an ageing population with a projected increase in demand and new the cost technology. In addition, it was explained, that the health service was already being targeted with £20bn efficiency and productivity by 2013-14 and an increased national demand for better patient and public engagement along with a call for better joined up services from Primary Care Trusts and Local Authorities;
- **The Local Context** – it was explained that health in Southampton is improving and life expectancy is increasing and that deaths from heart disease were declining and that survival rates from cancer were improving. The major challenges for the City were detailed including reducing smoking levels; improving activity levels and diets, improving the dental health of children and reducing teenage pregnancy rates;
- **The priorities and vision of the local health service** – it was explained that these are set out in the document “Right Care Right Place“ and include an extensive staying healthy and prevention programme aimed at reducing demand, the fully integrated provision and commissioning of care with City Partners for adults and children;

- **The challenges and opportunities for health provision across the City** - a number of these were detailed including:
 - the need to improve quality of health provision the rates of productivity and the prevention of demand of services;
 - the 4 year productivity and efficiency target for National Health Services Southampton City,
 - the continuation of formal relationships with the City Council; and
 - increasing empowerment to frontline staff.
- **The changing face of health provision in the City-** it was explained that the health service in Southampton was continually adapting to the requirements of the City and that these change were being led by the clinicians dependent on demand; and
- **In summary-** noted that Patient satisfaction is high, preventable health problems were reducing and that sustainable business models are in place.

RESOLVED that the report and presentation be noted.

3. **THE HEALTH AND ADULT SOCIAL CARE - PRIORITIES AND WORK PROGRAMME FOR 2010/2011**

The Panel considered the report of the Head of Health and Community Care detailing the priorities and work programmes for the 2010/2011 municipal year. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Panel additionally received a presentation from the Head of Health and Community Care that set out the corporate objectives, challenges and priorities for the Council 's Health and Community Care department in the light of continued economic stringency.

The presentation detailed:

- the context for the provision of health care in Southampton including the increasing numbers of people requiring support experiencing frailty, dementia and children with severe learning disabilities becoming adults with high support needs are adding an additional strain to a stretched service;
- the balance of providing care at an acceptable level and working within increasingly tight budgets;
- what steps were being taken to address the demands on the services and how the future demands being planned for including working on programmes of prevention and working to achieve value for money;
- how the service was moving to a personalised service that would give patients a greater control over the budget for their own care requirements;
- partnership working arrangements with other agencies including health providers across the City;
- ensuring that that the care is provided safeguarding the respect and dignity of the clients; and

- the aims for the service are to introduce integrated commissioning to reduce duplication, incorporate the requirement for personalised budgets and use the savings generated by preventions measure to bolster health care provision.

RESOLVED that the presentation and the report be noted.

4. **SLINK DRAFT WORK PROPOSALS FOR YEAR 2010/2011**

The Panel considered and noted the report of the Head of Policy and Improvement detailing the Southampton Local Involvement Network's (S-LINK) draft work programme for 2010/2011. (Copy of the report circulated with the agenda and appended to the signed minutes).

It was agreed that Slink would continue to work with the Panel in order to avoid any duplication of work programmes and that future updates from Slink would be circulated to the Panel.

5. **SCRUTINY PANEL B (STATUTORY HEALTH SCRUTINY FUNCTION) – FUTURE WORK PROGRAMME**

The Panel considered and noted the report of the Head of Policy and Improvement, providing an overview of the role of the panel in health scrutiny and sets out a suggested work programme for the next 2 years (Copy of the report circulated with the agenda and appended to the signed minutes).

6. **TANNERSBROOK STROKE UNIT PROPOSAL**

The Panel considered the report of the Director for Clinic Excellence and Delivery detailing the options for change and consultation and engagement plan for Tannersbrook Stroke Unit. (Copy of the report circulated with the agenda and appended to the signed minutes).

RESOLVED that the results of the consultation process be circulated to Panel.

This page is intentionally left blank

Agenda Item 7

DECISION-MAKER:	PANEL B		
SUBJECT:	PATIENT SAFETY IN ACUTE CARE INQUIRY		
DATE OF DECISION:	29 JULY 2010		
REPORT OF:	EXECUTIVE DIRECTOR, HEALTH AND ADULT SOCIAL CARE		
AUTHOR:	Name:	Caronwen Rees	Tel: 023 8083 2524
	E-mail:	Caronwen.Rees@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

Panel B has been tasked by the Overview and Scrutiny Management Committee (OSMC) to undertake a five meeting Inquiry into a health related topic. This paper seeks agreement to the Terms of Reference and Inquiry Plan

RECOMMENDATIONS:

- (i) To agree the Terms of Reference and Inquiry Plan.

REASONS FOR REPORT RECOMMENDATIONS

1. To agree the scope and structure for the Patient Safety in Acute Care Inquiry.

CONSULTATION

2. The Terms of Reference for this Inquiry have been developed in consultation with the Chairs of OSMC and Panel B, Senior Officers, the Primary Care Trust, Hampshire Partnership Foundation Trust, Southampton University Hospitals Trust and Solent Healthcare.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None. Panel B were asked to undertake this Inquiry by OSMC.

DETAIL

4. At its meeting in April the Overview and Scrutiny Management Committee (OSMC) agreed that a health scrutiny inquiry should be carried out on the basis of "holding the local NHS to account both in regard to the value it obtains in spending almost £400m pa and/or the quality of the services it commissions."
5. Discussions with the Director of Public Health and the Executive Director of Health and Adult Social Care to develop draft terms of reference for this inquiry highlighted concerns about the breadth and therefore the potential quality of the proposed inquiry to be carried out in five meetings as well as its overlap with work that is currently being carried out by the Primary Care Trust (NHS Southampton).

6. Following a further discussion at OSMC in June, it was agreed that in the context of continuing rising costs of acute care in the city, this inquiry should focus on examining the quality of care being provided in acute care on the basis of patient safety.
7. Subsequent to this meeting, discussions have been held with members and partners to agree draft Terms of Reference for the Inquiry and an Inquiry Plan. The Terms of Reference have also been drafted to ensure the Inquiry takes account of the recently published White Paper – Equity and Excellence.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

8. None.

Revenue

9. None.

Property

10. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

11. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007

Other Legal Implications:

12. None.

POLICY FRAMEWORK IMPLICATIONS

13. None

SUPPORTING DOCUMENTATION

Appendices

1.	Health Inquiry – Terms of Reference and Inquiry Plan
----	--

Documents In Members’ Rooms

1.	None
----	------

Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

1.	None	
----	------	--

Background documents available for inspection at:

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
------------------------------------	-----

ITEM NO: 7 Appendix 1

Health Inquiry – Patient Safety in Acute Care Terms of Reference and Inquiry Plan

1. Scrutiny Inquiry Panel: Scrutiny Panel B

Membership:

Councillor Capozzoli (Chair)

Councillor Daunt

Councillor Drake

Councillor Harris

Councillor Marsh-Jenks

Councillor Payne

Councillor Parnell

2. Purpose:

In context of the recently published White Paper – Equity and Excellence to examine how adult acute providers in the City respond to and learn from safety and adverse incidents where factors outside of the acute care setting have been a contributory factor.

3. Background:

The Government's White Paper Equity and excellence: Liberating the NHS sets out its objectives as to reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all. It states that "A culture of open information, active responsibility and challenge will ensure that patient safety is put above all else, and that failings such as those in Mid-Staffordshire cannot go undetected".

It goes on to say "In future, there should be increasing amounts of robust information, comparable between similar providers, on..... Safety: for example, about levels of healthcare-associated infections, adverse events and avoidable deaths, broken down by providers and clinical teams".

In 2008/09 NHS Southampton City spent around 400m. £350m of this was spent directly on purchasing healthcare and the vast majority (£270m) on secondary care. Almost 50% of secondary healthcare spend was on general and acute care (and this specialism accounts for 32% of the Trust's overall spending). This is the largest single spending area for NHS Southampton City. The vast majority of general and acute care is commissioned from Southampton University Hospitals Trust although other agencies also provide acute care including community hospitals and the private sector such as the Spire and the Independent Sector Treatment Centre.

Against this backdrop, this Inquiry proposes to look at patient safety in relation to adult acute care providers but also focus particularly on those incidents where factors outside of the acute care setting have been a factor. In such cases the actions of both private and public sector organisations may have contributed for example social care settings/home support or nursing home/rest homes, the police and housing agencies.

Every day more than a million people are treated safely and successfully across the UK by the NHS. However, the advances in technology and knowledge in recent decades have created an immensely complex healthcare system. This complexity brings risks, and evidence shows that things will and do go wrong in the NHS; that patients are sometimes harmed no matter how dedicated and professional the staff. The main challenge is to ensure the safety of everyone who requires a health service.

Risk to the safety of patients can fall into a variety of board areas:

Risk/harm arising from healthcare intervention or non-intervention e.g.

- Medical devices/equipment
- Surgical errors
- Failure to treat
- Unsafe transfer of care

Risk/harm from care and environment issues for which there is a healthcare responsibility e.g.

- Patient accidents(including falls)
- Poor nutrition and hygiene
- Poor infection control
- Inappropriate action/relationship with healthcare staff.

Risk/harm unconnected to healthcare provision, but which may become known during provision of healthcare, and impact on the person's health and require additional treatments e.g.

- Hypothermia
- Poor pressure area care prior to admission
- Injury sustained from abuse or domestic violence
- Potential abuse by page or unpaid carers.
- Poor infection control
- Avoidable falls
- Poor nutrition and hygiene

Causes of concern should always be reported using local clinical governance systems and in some circumstances local safeguarding systems. It is important to understand these errors and their causes as this can act as a good barometer for the efficiency and effectiveness of the healthcare system. Securing efficiencies and improving value for money while at the same time improving the patient experience will become increasingly important as resources are directed into preventative services and providing care in more localised settings. From 1 April 2010, it became mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality

Commission as part of the Care Quality Commission registration process. The NHS White Paper states that it is the government's intention to strengthen the role of CQC by giving it a clearer focus on the essential levels of safety and quality of providers.

4. Objectives

- To consider the culture around and importance afforded to the reporting of patient safety incidents and adverse events by acute providers in the City;
- To examine the processes in place to ensure incidents are robustly followed up so that all contributing factors and root causes are identified and lessons learnt, with any recommendations implemented across all agencies involved;
- To identify areas of best practice already in place relation to patient safety and areas where lessons could be learnt and/or efficiencies made including in relation to the role of partners.

5. Methodology and Consultation:

- Review and analysis of existing data and literature in relation to patient safety incidents and near misses in Southampton;
- Examination of the current process for dealing with patient safety incidents;
- Identify best practice in acute settings;
- Seek provider and stakeholder views.

6. Proposed Timetable:

The Inquiry will be undertaken by Scrutiny Panel B between July 2010 and March 2011 as follows:-

- Meeting 1 - Thursday 29th July
- Meeting 2 – Thursday 14th October
- Meeting 3 - Thursday 11th November
- Meeting 4 - Thursday 10th February
- Meeting 5 - Thursday 17th March

7. Inquiry Plan-

Meeting 1

To agree Terms of Reference including the scope of the Inquiry.
National context – now and in the future.

Meeting 2

Current position in Southampton is now is in terms of:

- Data on patient safety and near misses
- National assessments on current performance
- Current processes for recording and responding to near misses

Meeting 3

To hear from managers, practitioners and patients/relatives on their experiences.

More detailed examination of the current situation/data and where there are issues and area for improvement.

The role of partners – hear from partners and consider what contributions partners could make to improving patient safety.

Meeting 4

Best Practice

- To here from a leader/s in the field
- To hear about success stories in the city
- To consider areas where improvements could be made

Meeting 5

To discuss and agree the final report.

This page is intentionally left blank

Agenda Item 8

DECISION-MAKER:	PANEL B		
SUBJECT:	PATIENT SAFETY IN ACUTE CARE INQUIRY – BACKGROUND AND CONTEXT		
DATE OF DECISION:	29 JULY 2010		
REPORT OF:	HEAD OF POLICY AND IMPROVEMENT		
AUTHOR:	Name:	Caronwen Rees	Tel: 023 8083 2524
	E-mail:	Caronwen.Rees@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

This paper, and associated annexe and presentation, provides an introduction to and context for the Patient Safety in Acute Care Inquiry.

RECOMMENDATIONS:

- (i) To receive a presentation from the Head of Health & Community Care on the national patient safety context.
- (ii) To note the joint paper by NHS Southampton and Southampton University Hospitals Trust on quality assurance in acute care.

REASONS FOR REPORT RECOMMENDATIONS

1. To provide background and context to the Patient Safety in Acute Care Inquiry.

CONSULTATION

3. None.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. None.

DETAIL

5. Patient safety in the acute care setting is a complex and developing area. Jane Brentor, Head of Health & Community Care in Southampton City Council will deliver a presentation to the panel setting out the national context in relation to patient safety and the potential implications of the White Paper – Equity and Excellence.
6. To provide an overview of the current position in relation to patient safety in acute care in Southampton a background paper has been prepared jointly between NHS Southampton and Southampton University Hospitals Trust. This paper outlines commissioning for quality in Southampton, quality assurance framework in place at SUHT, the challenges faced by the health economy to ensure that local services are safe and effective and actions being implemented moving forward. The paper will be presented by Judy Gallow, Director of Nursing, SUHT and Ayo Adesina - Associate Director of

FINANCIAL/RESOURCE IMPLICATIONS

Capital

9. None.

Revenue

10. None.

Property

11. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007

Other Legal Implications:

13. None.

POLICY FRAMEWORK IMPLICATIONS

14. None

SUPPORTING DOCUMENTATION

Appendices

1.	Briefing Paper for Southampton City Council's Scrutiny Panel B – Quality Assurance in Acute Care
2.	Patient Improvement Framework

Documents In Members' Rooms

1.	None.
----	-------

Background Documents

Title of Background Paper Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
----	------	--

Background documents available for inspection at: N/A

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
------------------------------------	-----

Briefing Paper for Southampton City Council's Scrutiny Panel B

Introduction

In 2009/10 NHS Southampton City spent over £350m on healthcare services for around 250,000 Southampton people. As the local leader of the NHS our role is to work with partner organisations including providers to build and maintain a health system which delivers clinically safe and effective services for patients and the public as well as value for money for taxpayers.

NHS Southampton City spent most of this money commissioning services from other healthcare providers such as Southampton University Hospital Trust (SUHT), Hampshire Partnership Foundation Trust and our community provider arm Solent Healthcare Trust.

Southampton City Council's Scrutiny Panel B has been tasked by the Overview and Scrutiny Committee to undertake a six meeting Inquiry into health related topics. The topic agreed is "In context of the recently published White Paper – Equity and Excellence to examine how adult acute providers in the City respond to and learn from safety and adverse incidents where factors outside of the acute care setting have been a contributory factor."

To support the inquiry, this paper will outline the following: commissioning for quality in Southampton, quality assurance framework in place at SUHT, the challenges faced by the health economy to ensure that local services are safe and effective and actions being implemented moving forward.

Commissioning for Quality in Southampton

There is an expectation, specified clearly in NHS Southampton City Commissioning Strategy and in our contracts with provider organisations including SUHT, that providers will maintain the position whereby quality remains the central principle of their population centred services. There are three quality requirements, linked with appropriate indicators, in the acute contract. The requirements with examples of linked indicators are:

- Patient Safety: Hospital Standardised Death Ratio, Falls resulting in serious harm (moderate/severe/death).
- Patient Experience: % of patients having more than 4 bed moves in a quarter, Inpatient Survey.
- Clinical Effectiveness : % of stroke patients admitted directly to stroke unit, % of patients that received primary angioplasty less than 90 minutes of arriving in the hospital.

There are also a range of other indicators in the contracts which underpin delivery of safe and effective services.

The requirements above are monitored and reviewed monthly by NHS Southampton City and Southampton University Hospital Trust monthly to ensure delivery of high quality acute services.

SUHT Internal Quality Assurance Framework

There are various ways SUHT provides assurance on the way safety and safeguarding are managed effectively. This is predominantly through formal external regulation and through robust internal assurance processes.

External Assurance/regulation

- Through a comprehensive quality standard review process, which includes key safety criteria SUHT has been granted unconditional registration with the Care Quality Commission.
- As well as the PCT Commissioner ongoing review of safety and safeguarding as part of the contract monitoring framework. There are other reviews undertaken by the National Patient Safety agency, Royal Colleges linked to medical specialities and national audits linked to NICE guidelines.
- In addition South Central SHA through audit and data analysis review aspects of safety such as MRSA performance and pressure ulcer incidence on a regular basis. Feedback on all these reviews are included in comprehensive quarterly reports to Trust Board. Any action recommended is implemented by the Trust.
- As an aspirant Foundation Trust the organisation has been through a detailed quality assurance review by Monitor.

Internal Quality Assurance

- The Trust has a detailed Patient Improvement Framework (enclosed) which identifies annual priorities for safety, patient experience and patient outcomes. Detailed reports on each of these areas are provided on a quarterly basis to Trust Board with an associated RAG rating for each of the safety priorities against stretch improvement targets. Improvement action plans are closely monitored and scrutinised by the Trust's Audit and Assurance committee which is a sub group of Trust Board.
- Some areas have further detailed focus from the CEO, Medical Director and Director of Nursing where faster improvement is required and detailed reviews are undertaken with each clinical division on a regular basis. In many areas the Trust can demonstrate significant improvement such as MRSA rates and as a consequence is now cited as one of the best performing University Hospital Trusts in the country for achieving this target.
- The Trust takes incident reporting very seriously and has a detailed process which includes root cause analysis and on-going learning – Joint reviews where relevant are taken forward with other organisations such as PCTs and social care.

- The monthly quality governance steering group reviews all serious events and other aspects of quality to ensure clinical standards are followed and quality improvement is being systematically taken forward. The member's council, which is made up of predominantly lay people are developing their own processes to provide an independent view to the Trust Board on SUHT's quality improvement framework alongside other external groups such as LINKS.
- To ensure 'Board to ward' awareness a framework for executive, clinical and trust board reviews are in place whereby visits to clinical areas to review service delivery are undertaken on a regular basis.
- Finally, SUHT has produced its first annual quality account which has been widely consulted on with internal and external groups such as Links. This will become an annual assurance process which will be externally audited.
- For safeguarding there are two internal committees which report up to Trust Board via the Trust's executive committee and these cover adults and children respectively. Detailed work programmes include working closely with Social Care and other agencies are monitored on a regular basis.

Local Services: Challenges and actions being taken to maintain Patient Safety

SUHT takes patient safety very seriously and has clear ambitions to be a top quartile performer however, there are significant challenges which can impact on the safety agenda which cut across the health and social care system, these include:

- Inappropriate admissions into hospital] both can lead to high
- Delayed discharges] bed occupancy
- Management of community wide infections such as noro-virus
- Limited community rehabilitation services/support in the home

Action plans are being implemented by the PCT, SUHT, SCC and other partner organisations to improve on the challenges mentioned above.

Conclusion

Similar to many hospitals across the country SUHT recognises it is on a Quality Improvement journey and is determined to demonstrate year on year improvement. The organisation takes patient safety very seriously and it is a top priority for the Trust Board. Detailed action plans regularly monitored are in place to ensure effective and safe service.

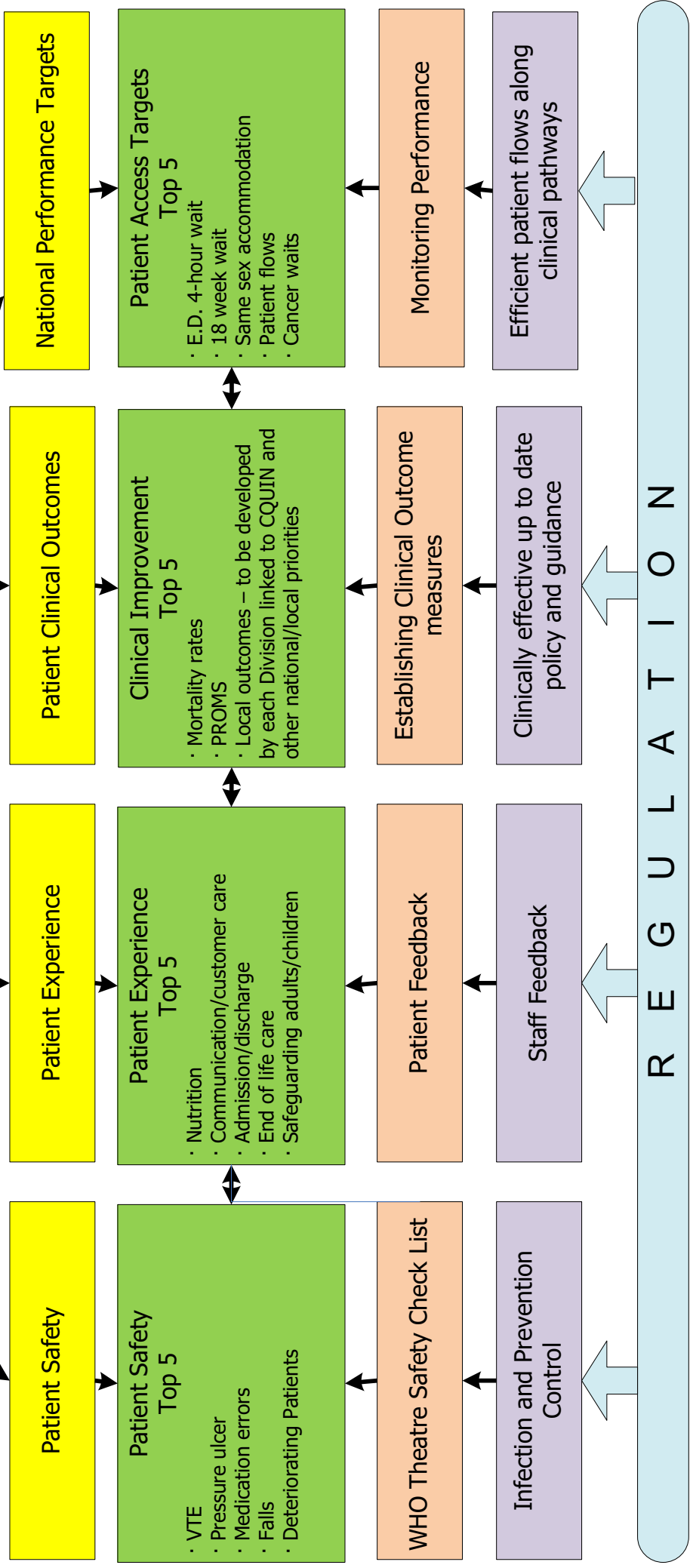
There is evidence to support the belief that SUHT have an open culture with high patient safety reporting rates alongside a very detailed performance monitoring framework. The Trust is continually developing ways it can work with staff and patients to contribute to the improvement agenda and also

reviewing recognised areas of good practice in organisations external to the Trust so that improvement and learning becomes a continual process.

Recommendation

Southampton City Council's Scrutiny Panel B is asked to note that SUHT, NHS Southampton City major acute provider, has a robust assurance framework in place. The framework is being implemented to maintain clinically safe and effective services.

Southampton University Hospitals NHS Trust
Patient Improvement Framework
Trusted on Quality



This page is intentionally left blank