

Minutes of the Safety & Quality Committee
Held on Wednesday 18 May 2011
14.30 – 16.30 AD77 Maple House, ESH

Present:		
Yvette Robbins	YR	Chair
Jo Thomas	JT	Chief Nurse, SaSH
Chris Mullins	CM	LINK, West Sussex
Bernie Bluhm	BB	Chief Operating Officer
David Heller	DHE	Chief Pharmacist
Paul Simpson	PS	Director of Strategy and Transformation
Sharon Gardner-Blatch	SGB	Head of Integrated Governance and Quality
Fionnula Robinson	FR	Director of Communications
Jo Thomas	JT	Chief Nurse
Martin Holland	MH	LINK, Surrey
Des Holden	DH	Chief Medical Officer
Valerie Newman	VN	Clinical Lead for Patient Safety
Dr Bruce Stewart	BS	Consultant Microbiologist
Jamie Moore	JM	Patient Safety Lead Nurse
Bill Kilvington	BK	Associate Director, Ops
Denise Newman	DN	Matron

Item		
1	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Apologies noted from: Barbara Bray, Virach Phongsathorn, Debbie Pullen, Vikki Carruth, Richard Durban and Norma Christison</p> <ul style="list-style-type: none"> • YR welcomed the LINKs representatives and opened with a history of the Committee to date and reiterated the safety and quality focus of the Trust Board. • Stressed the importance of the Trust working alongside with community colleagues to reach solutions. • Seeking assurance based on constructive and open debate of issues 	
1a	<p>APPROVAL OF MINUTES OF LAST MEETING</p> <p>Minutes agreed as an accurate record</p>	
1b	<p>MATTERS ARISING FROM THE MINUTES</p>	

	<p>Attendance Meeting times re-scheduled for clinicians, but still not quorate Update 18th May – BB to ensure Clinicians or Deputy to attend on behalf of Chief of Service (pending decisions on Divisional Safety Lead).</p> <p>Action – Jamie Moore, Patient Safety Lea, to be invited to future Safety & Quality meetings.</p> <p>Action – JT to invite Derek Cooper, Chair of Patient Council to next meeting and to give copy of ToR to DC following Board Seminar on 28th April</p> <p>Action - Re appropriateness of patient attending Safety and Quality meeting to share their patient experience with this Committee. Decision to pass to new Patients Experience & Staff Engagement Group.</p> <p>Invite GP (Dr Simon Dean) to next meeting and brief in advance. Action - Michael Wilson / Des Holden</p>	<p>BB</p> <p>Complete</p> <p>Complete</p> <p>FR</p> <p>Complete</p>
	<p><u>Divisional Safety & Quality Committee Reports (incl SUIs)</u> Update 26/4/11 – SGB working on development of CQC template. Intention is to have one set of metrics that will be reported into the Divisional Governance meeting..</p> <p>SGB referred to National Quality Board publication <i>Quality Governance in the NHS – A guide for provider boards</i>. A paper that outlines how Trusts should be carrying out quality governance. Publication validated by the Department of Health with reference made to CQC and matches Monitor’s quality governance framework. ACTION– SGB to send National Quality Board publication to YR for distribution with minutes and copy in Alan McCarthy. Update 18th May – Division presentation template for June meeting. To circulate NQB paper to LINKs.</p> <p>ACTION – some divisional reporting required over and above what is presented in the set of metrics. JT to review what format this report should take.</p> <p>ACTION: Re Divisional Quality & Safety Lead roles Update 18th May – Ongoing discussion through Chiefs meeting.</p> <p><u>Clinical audit programme and audit results</u> Update 18th May – Clinical audit programme – due for quarterly</p>	<p>ongoing</p> <p>Complete</p> <p>SGB SGB</p> <p>Ongoing</p> <p>Ongoing</p> <p>DH/JT</p>

	<p>review. ACTION: Clinical Audit Programme for 11/12 or July at next meeting ACTION: Schedule Results of Clinical Audit for June meeting</p> <p><u>CQC compliance report & Regulatory timetable</u> SGB creating a template and will give overview of quality and risk profile that the CQC produce every month, with the Trust's own internal dashboard to act as an early warning system to highlight risks to our registration.. Update 18th May– Template and report due June .</p> <p><u>Incident reporting</u> Dashboard metrics; time delays; Datix access Update 18th May- Incident reporting and investigation skills rolled out</p> <p><u>Mortality data/alerts</u> Mortality data will be added into June's dashboard.</p> <p><u>RTM results</u> ACTION: A further conversation between VC and JT and matrons to take place about how RTM is embedded at ward level and who the owners will be. Update 18th May – LINKs representatives identified lack of a terminal in the escalation area and little encouragement from staff to engage patients in survey; website only reported previous month's performance not trends; concerns re ease of use ACTION: RTM management deferred to Patient Experience & Staff Engagement Group for review of management of RTM terminals, access and data analysis, reporting and website broadcasting of trends ACTION: JT and BB to review version 3.0 Patient Safety policy prior to submission to Committee. SGC to provide version 3.0.</p>	<p>DH JT</p> <p>Ongoing</p> <p>JT/SGB</p> <p>ongoing</p> <p>BB</p> <p>FR/VC/ JT</p> <p>Ongoing</p>
<p>2.</p>	<p>QUALITY ACCOUNT – Fionnula Robinson explained that it is the annual documentation of ongoing process for published showing how trust has responded to patient concerns and made improvements to services. YR raised concerns about how the formality of the consultation process with the stakeholders in terms of formally capturing their</p>	

	<p>issues and responding.</p> <p>There was a discussion about day to day improvements throughout the hospital were captured and collated for inclusion in the quality account; with difficulty in 10/11 and needs to be managed better for 11/12.</p> <p>Committee will monitor the date when the Trust Board signs off the priorities.</p> <p>ACTION Template proformas for divisional reporting needs to demonstrate of patient issues in areas of safety, quality and patient experience, Divisional responses and changes implemented</p>	JT/SGB
3.	<p>SAFETY & QUALITY PERFORMANCE SCORECARDS</p> <p>Further discussion around need to prevent duplication or additional reporting; effective cascading of information from Ward to board in enough detail to meet different users' needs. Need to use different information sources to triangulate an overarching view of safety, quality and patient experience. Issue was how to filter and choose key metrics. JT described the actions undertaken since the last meeting. There was discussion about how the information is used throughout the local Trust.</p> <p>Paul Simpson talked about his escorted ward round as part of national directive on EDs and NEDs reviewing safety on the wards, and described changes as a result of the observations.</p> <p>NEDs' lack of any performance data was an administration error – dashboards should have been distributed monthly. Chair re-iterated the need for Committee to review some S&Q performance data in June.</p> <p>ACTIONS</p> <ul style="list-style-type: none"> • Development of draft Q&S scorecard metrics with real data for June meeting, review with Chair prior to next meeting • Non clinical Committee members to identify metrics for patient experience to reach VC/FR by 7 June. • Clinicians on Committee to identify key safety & quality metrics for inclusion on scorecard • Ensure monthly distribution of Management performance and financial reports. 	<p>BB/JT</p> <p>All</p> <p>All</p> <p>YR</p>
	<p>SUI</p> <p>There had been one SUI – a C. Diff case reported in the previous month.</p>	

	<p>Chair suggested a more comprehensive overview of SUIs monthly with key themes and common issues being basis for open discussion ACTION: Review SUI report format</p>	JT
4.	<p>Divisional Reports – WACH <u>Neonates presentation</u> In response to a concern raised by Chief Nurse re risks to safe practice when at maximum occupancy, Bill Kilvington showed how better management of staff and patient flow enable him to assure Committee of safe practice when occupancy peaked occasionally at 20 neonate cots.</p> <p>Neonatal modelling of staff during 2011/2012 suggested smaller establishment than previous, however, core issue is maintaining and flexing staffing cover to ensure safe practice</p> <p>DH asked patient flow management such as admission avoidance or earlier discharge affected outcomes ACTION: BK to provide assurance that complications/outcomes are monitored.</p> <p><u>Maternal death</u> – Denise Newman reported that recommendations from the external investigations report in to the maternal death in February included better general nurse training for direct entry midwives around monitoring for early warning scoring, documentation and earlier escalation of concerns. Maternity are already design a new training package to address issues.</p>	BK
5.	<p>SAFETY & QUALITY STRATEGY The Strategy paper was circulated too late for comment in the meeting from members.</p> <p>ACTION: Members to review and pass comments to JT by 7 June in time for review at June meeting.</p>	ALL
6.	<p>PATIENT EXPERIENCE GROUP ToR ToR could only be circulated after Management Board approval, received this morning, and is attached to minutes for information ACTION: Comment to be received by VC/FR by 7 June</p>	ALL
7.	<p>SAFETY & QUALITY FINAL ToR Version 9.0 embedded in the agenda for information and includes Standing Agenda and timetable</p>	

8.	ANY OTHER BUSINESS <ul style="list-style-type: none">• YR acknowledged the awards that the maternity team has recently received.• YR raised concerns that the meeting was not quorate – short of NEDs and Chiefs.	
	NEXT MEETING: WED 22 JUNE 2.30PM	