

**Minutes on Safety and Quality Committee Meeting**  
7 December 2011, 14.00 – 17.00hrs  
AD 77, Maple House, East Surrey Hospital

<b>Present:</b>	
Yvette Robbins (chairing)	Deputy Chairman
Lisa Bangs	Chairman, Patients Council
Bernadette Bluhm	Chief Operating Officer
Barbara Bray	Chief of Service, Surgery
Norma Christison	Non-executive Director
Lorraine Clegg	Deputy Chief Financial Officer, representing Paul Simpson
Richard Durban	Non-executive Director
Sharon Gardner-Blatch	Head of Integrated Governance and Quality
Caroline Francis Gould	AM, Deputising for Bruce Stewart, Chief of Services, CSS
Des Holden	Chief Medical Officer
Alan McCarthy	Chairman
David Heller	Head of Pharmacy
Jamie Moore	Patient Safety Lead
Chris Mullins	West Sussex LINK
Jonathan Parr	Quality Lead
Virach Phongsathorn	Consultant Physician
Sue Chapman	Head of Midwifery, Deputising for Debbie Pullen, Chief of Service, WACH
Jo Thomas	Chief Nurse
Michael Wilson	Chief Executive
<b>In attendance:</b>	
Maggie Benson	Nursing Lead for SUIs
Barbara Grabham	West Sussex
Diane Mahoney	Health & Safety Manager
Ben Mearns	Clinical Lead, AMU
Dr Patrick Morgan	Clinical Lead
Carol Rickley	First Community Health and Care, East Surrey

1	GENERAL BUSINESS	Action
1.1	Yvette Robbins welcomed attendees. Apologies had been received from Fionnula Robinson, Paul Simpson and Bruce Stewart	
1.2	Minutes of last meeting  Item 5.2 paragraph 7 should read <i>“Alan McCarthy has heard that 96% of patients nationally are dehydrated after surgery.”</i>  <b>The minutes were then approved as a true record.</b>	
1.3	Actions and matters arising	
1.3.1	<b>Updated Dashboard</b>  RTM – Sharon Gardner-Blatch reported the result of 718 patients had informed the real time monitoring analysis and that the number surveyed would be included in future.	

		<p>Des Holden confirmed he was assured that the actions being taken regarding stroke and #NOF are high on the agenda, and changes are being made to protect beds to smooth the pathway to treatment. He said he will update the committee in February 2012. Stroke and #NOF beds are ringfenced when there is a shortage of beds.</p> <p>Jo Thomas will make the formal report on the peer review available to the SQC. It will be circulated to the SQC with these minutes.</p>	
	1.3.7	<p><b>Trigger Alerts</b></p> <p>Alan McCarthy has raised with both counties the fact that trigger alerts differ for each county. They are trying to get the data rationalised.</p>	
	1.3.10	<p><b>Patient Experience – update on forums</b></p> <p>Jo Thomas reported that ED is now formulating an action plan resulting from feedback from the Patient Focus meeting.</p>	
<b>2</b>	<b>QUALITY STRATEGY</b>		
	<b>2.1</b>	<p><b>Progress update</b></p> <p>Three sub groups have been agreed. The terms of reference have been agreed and submitted to the MBQR for approval. Membership has been agreed. Concern was raised at speed of progress for implementation of sub-groups, however, Committee was reminded that strategies were being actioned and the sub-groups would capture and review progress. Committe required evidence of action within the trust.</p> <p><b>Action 1: Jo Thomas to provide a one-page update for each strategy on actions in progress including any input from sub-streams.</b></p>	<b>1) J Thomas</b>
	<b>2.2</b>	<p><b>Dashboard &amp; Exception Report</b></p> <p>MRSA – 5 cases of MRSA bacteraemia. Of the two most recent, one culminated in the clinical team responsible presenting to Infection Control taskforce where failings in the patient pathway were investigated. The other case is complicated and the final results of the root cause analysis are not yet available.</p> <p>VTE – The trust is making sufficient progress to deliver 90% by March 2012. We hope to deliver by December 2011. All patients now have electronic discharge summaries.</p> <p>Jo Thomas reported that education from the tissue viability lead is starting this week. Ward sisters will be held accountable for pressure damage. Standards need to be raised.</p> <p>Compliance with team briefing – the figure of 80% should probably be higher as not all data had been received.</p>	

	<p>Jo Thomas reported that the Trust was reviewed by the Chief Nurse from the SHA plus two of her team. They inspected ED and Meadvale. Feedback was very positive and the Chief Nurse confirmed she took assurance from what she saw.</p> <p>Michael Wilson reported that the GMC visited and were pleased with the progress in training in ED and in Paediatrics.</p>	
<b>2.3</b>	<p><b>Executives Quality Report (MBQR / Deep Dive )</b></p> <p>The new falls tool is being trialled for three weeks and will be rolled out in January 2012. Jamie Moore reported that slipper socks are on order and stocks of blue pillow cases are allocated to wards. Sensor alarms are being trialled with a second supplier next week, after which a decision will be taken on procurement.</p> <p>Dispatches action plan – Jo Thomas reported that a lot of progress had been made in the past three months. A new dietician has been appointed and an additional speech and language therapist is being recruited.</p> <p>Des Holden reported that the trust was looking externally for a doctor lead for safeguarding adults as it has not been possible to identify someone internally to take on this role.</p>	
<b>2.4</b>	<b>MBQR Minutes</b> - Received for information.	
<b>3</b>	<b>SAFETY</b>	
<b>3.1</b>	<p><b>SUI Themes – Recognition and management of deteriorating patients</b></p> <p>Maggie Benson had been invited to talk to the meeting because there have been cases of mismanagement of deteriorating patients.</p> <p>She said an early warning system was used to monitor all admitted patients' physiology. If the score is high, which indicates more abnormal physiology, there is a protocol to follow. When this is triggered, attendance by a more senior member of staff is obligatory.</p> <p>Paediatrics nurses attend statutory updates but have their own parameters. Maternity patients also have a different scoring system. We audit EWS randomly and early warning scores are improving.</p> <p>Issue arises with lack of training resource and Jo Thomas reported that more structured training is taking place, targeting certain areas.</p> <p>Dr Patrick Morgan, clinical lead, reported that frequency of events at SASH is comparable to other trusts. The early warning scoring system picks up on particularly unwell cases.</p> <p>Virach Phongsathorn said that HCAs do the recording and would record, communicate and escalate scores. Training should include HCAs to ensure that changes in patients are recognised and acted on. January audit results will be shared with the SQC.</p>	

<p><b>3.2</b></p>	<p><b>Discharge Planning</b></p> <p>Carol Rickly, First Community East Surrey, and Barbara Graham, for West Sussex, were welcomed to the meeting.</p> <p>Virach Phongsathorn said that complex discharge planning was needed for some patients.</p> <p>Changes have been made in the management of discharges. The trust now focuses on an early decision on an estimated date of discharge for short-term patients. Processes are also in place to avoid unnecessary admissions as patients are safer receiving care in their own homes. The trust is good at initiating early investigations and treatment, collaborating on every patient, and putting their needs first. Consultants are being asked to sign up to a discharge date.</p> <p>Longer stay patients are more complicated. The new electronic discharge system has improved and paper discharges have now ceased. The next step is one-stop ward rounds in the morning which ensures timely management of drugs (TTOs), diagnostics and transport.</p> <p>There is now a therapists discharge team covering weekends to facilitate discharges. First Community Health and Care use Caterham Dene which has 22 beds.</p> <p>Sussex has a similar arrangement. There are two people on site. They track patients to assess them for funding. They have an admission avoidance team. Crawley has 74 beds - 18 stroke rehab. Queen Victoria Hospital closed its rehab unit but uses nursing home beds.</p> <p>Ben Mearns said that patients are only suitable for discharge if they are identified as having acceptable risks, for which the right care can be provided and managed in the community.</p> <p>Chris Mullins reported that an elderly neighbour was discharged some time ago from the hospital at 11:00 pm to their unheated home by taxi with nobody to receive her. Chris found her in a very distressed state in the morning. Social services had closed down her package when she was admitted and it took more than a week to put package in place.</p> <p>Bernie Bluhm hoped the incident was reported to SaSH at the time and we had carried out an investigation as to why the patient was sent home at an unacceptable time. The only way to improve discharge is to plan in advance. Patients entering and leaving overlap, which causes imbalance of bed availability. The Committee was assured that this time of incident would not occur now as there was better discharge planning and communication and working relationships with our partners in the community is much improved</p> <p>Team were thanked for their presentation which had assured the Committee that direction of travel and progress to date are addressing the issues around safe and timely discharge planning.</p>	
<p><b>3.3</b></p>	<p><b>Health and Safety</b></p> <p>Report received by Committee.</p>	

	<p>The Stress Policy needs updating. Management of stress will be written into policy.</p> <p>A new learning package is being developed for the display screen equipment.</p> <p>Risk assessors – training currently on hold. New course being developed.</p> <p>Diane Mahoney reported that only 50% of RIDDORs have been reported to the HSE on time. Yvette Robbins recommended that RIDDOR report is submitted to the Trust Board as a KPI. <b>Action 2: RIDDOR metrics to be included on Board and S&amp; Q Dashboard</b></p> <p>SaSH is now compliant on Health and Safety following actions to address both HSE enforcement notices.</p> <p>Yvette Robbins noted that insufficient manual handling training was taking place, due to lack of attendance by those booked. Fire training sessions have also been cancelled due to non-attendance. Cause and effect were evident with lack of training and incidence injury and fire incidents. There was concern over release of staff to attend training. This was also discussed at the Workforce and Investment Committee</p> <p><b>Action 3: Richard Durban to raise issue with Yvonne Parker with regard to prioritising training.</b></p> <p>Security produces own paper for the trust board so is not included in this report. They report in to Estates and Facilities. There have been 72 cases of abuse to staff from patients in the past three months. Conflict management training is being rolled out widely to address issue.</p> <p>The report highlighted the issues clearly, however, the Chair asked in future that the report shows how key issues are responded to, recommended actions and progress on implementation given the importance of the issues and their weight in the staff survey, indicating historical poor performance. Also that year on year comparisons are made for audit results and performance where possible to provide evidence of progress.</p>	<p>2) BB &amp; JT</p> <p>3) R Durban</p>
4	<b>RISK</b>	
4.1	<p><b>Red Risk Register</b></p> <p>Committee acknowledged report identifying shortfalls in governance around risk management and the risk register. Jo Thomas reported that there are 200 risks on entire register. The risk register had been discussed at the MBQR. Brenda Kelly is reviewing with the divisions, and the executives are required to scrutinise the risk register. Further training will be offered. Divisions will report on their position quarterly.</p> <p>Des Holden reported that he had attended the surgical governance meeting where risks were assessed, and the meeting was well attended.</p>	

		<b>Action 4: Risk Register to be resubmitted in March 2012</b>  Brenda Kelly was thanked for her report.	4) J Thomas
	4.2	<b>CQC Compliance</b>  Jonathan Parr reported two risks around CQC inspections that started in the past month, actions were in place to provide evidence that risks were being managed.  Yvette Robbins said the risk management paper suggests that SASH risk assessment skills are not good. Sharon Gardner-Blatch responded that all risks get challenged and 100 staff at ward level have been trained in risk management. The governance team is supporting risk assessments. The new electronic system makes assessment easy.  Chair reported that the Audit Commission at the AAC informed SaSH that Monitor have their own tool for assessing CQC compliance and recommended that SaSH consider its' use. Committee was informed that two board members are going to attend a Monitor workshop and will be discussed with Governance outside this meeting.  <b>Action 5: Report on evaluation of Monitor's CQC Tool</b>	5) J Thomas
5	<b>CLINICAL EFFECTIVENESS</b>		
	5.1	<b>Clinical Audit Report</b>  Jonathan Parr reported that the trust performance on its audit programme ws improved compared to last year. Summary and action plans are needed from each division to give assurance that they are making progress against audit.  Des Holden said he was assured that the trust is doing well on national and NICE guidelines.  <b>Action 6: Clinical audit report to provide trust summary of performance on programme as well as divisional performances and progress on implementation of actions arising from Internal Audit report</b>	6) D Holden/ J Parr
	5.2	<b>East Midlands Quality Observatory Summary dashboard for Aspiring FTs</b>  Des Holden tabled the East Midlands dashboard, which is useful and clear to read. He asked for views as to whether anything could be incorporated into the SASH dashboard.  <b>Action 7: Committee to review and send their feedback to Des Holden.</b>	7) All
6	<b>PATIENT EXPERIENCE</b>		
	6.1	<b>Complaints Report – Quarter 2</b>  Questions were taken on the report.	

	<p>Yvette Robbins noted that 40 of the 150 complaints were re-opened ones and asked about quality of response.</p> <p>Barbara Bray said that sometimes it is impossible to do anything about a complaint, for example, a cancelled operation. We tend to put too much detail in the response, triggering further questions/dialogue. Jo Thomas said that, in terms of unresolved complaints, only one was referred to the ombudsman and trust is out performs other trusts in this area. Norma Christison asked why some complaints were shown as on hold. Sharon Gardner-Blatch explained that the mandatory 25 days response time had disappeared but that the Trust had made the decision to keep 25 days as a default. Complaints showed as on hold if a timescale had been agreed with the patient. If the complaint is complex, we speak to the complainant within 5 days and agree a date.</p> <p>Yvette Robbins said that, with regard to learning from complaints, actions are identified but there is no information on actions being implemented. Jo Thomas replied that the issue is addressed at the divisional meeting.</p> <p><b>Action 8: JT &amp; DH to report how key themes underlying complaints are being addressed by patient experience, clinical effectiveness and safety strategies.</b></p>	8) J Thomas/ D Holden
6.2	<b>Ward reporting</b> – carried forward	
7	<p><b>AOB</b></p> <p>Chris Mullins wished to ask about security for patients, for example, theft of property. Diane Mahoney stated that all security incidents are dealt with by the Security Manager.</p>	
	<p><b>Meeting Review</b></p> <p>The time spent on Discharges had been useful, with good input from our partners.</p>	
	<p><b>Date of Next Meeting</b></p> <p>Wednesday 25<sup>th</sup> January 2011 14:00 to 17:00</p>	