

**Minutes of Safety & Quality Committee Meeting**  
**20 January 2014 13.00 – 15.00**  
**AD77, Trust Headquarters, East Surrey Hospital**

**Members Present:**

Richard Shaw (Chair)	RS	Non-Executive Director
Yvette Robbins	YR	Deputy Chair
Paul Simpson	PS	Chief Financial Officer
Des Holden	DH	Medical Director
Paul Bostock	PB	Chief Operating Officer
Virach Phongsathorn	VP	Chief of Service Medicine
Kim Rayment	KR	Interim Patient Safety and Risk Lead
Ben Emly	BE	Head of Performance
Colin Pink	CP	Corporate Governance Manager
Joanne Farrell	JF	Matron CYP (representing Debbie Pullen)
Ian Mackenzie	IM	Director of I&P
Michael Wilson	MW	CEO
Fiona Allsop	FA	Chief Nurse
Sue Jenkins	SJ	Interim Director of Service Strategy
<b>In Attendance</b>		
Betty Njuguna		Quality Manager, CCG
Victoria Daley		Director of Nursing, Mid Sussex & Horsham CCG
Ed Cetti		Clinical Lead Manager, Specialities
Dr Pawvel		Consultant Haematologist

1	GENERAL BUSINESS	Action
1.1	<p><b>Welcome and apologies for absence</b> Richard Shaw welcomed all attendees to the meeting.</p> <p>Apologies were received from Gillian Francis-Musanu, Jonathan Parr, Richard Durban, Jamie Moore and Debbie Pullen.</p>	
1.2	<p><b>Minutes of the last meeting held on 10 December 2013</b></p> <p>The minutes were agreed as an accurate record.</p>	
1.3	<p><b>Actions and matters arising</b></p> <ul style="list-style-type: none"> <li>• Patient and Experience Strategy – A workshop was held and the Patient Experience Strategy will be further updated in line with comments. Fiona Allsop will update the committee at the next meeting. <b>ACTION 1: Update on progress to be made to this committee in February 2014</b></li> <li>• Chair reported that the previous Chief Nurse, Andrew Clough, had reviewed the Francis action plan and made some further recommendations for action, which went to MBQR. SB reported that the actions are being worked on. For example, they are working through</li> </ul>	<b>FA</b>

	<p>safer staffing. Committee asked that Fiona Allsop/Sally Brittain (FA/SB) review AC's recommendations and provide a formal report for the next Committee meeting.</p> <p><b>On Agenda</b></p> <ul style="list-style-type: none"> <li>Mortality Rates – Surgical Division to present Mortality rates. Dr B Bray was not present. A new Consultant has been appointed, who is reviewing mortality rates. A report to be presented in 3 months time to allow time for her to develop a report. <b>ACTION 2: Presentation to be made to this committee in 3 months time (April 2014).</b></li> <li>Data Quality YR asked how we were going to scrutinise the data quality of all the papers presented in meetings of Board and Committee. CK said committee should identify the most important as a priority for initial scrutiny and take it from there. Discussion followed on kite marking of KPIs to indicate reliability. GFM to identify KPIs in board papers for data quality checks. 5 domains are sitting across all Exec Committees. The plan is to roll out the KPIs across these. <b>ACTION 3: Review back in 3 months (April 2014).</b></li> </ul>	<p>BB</p> <p>G F-M</p>
<p><b>COMMITTEE BUSINESS</b></p>		
<p><b>2</b></p>	<p><b>Highlights from CQPM (Clinical Quality Performance Meeting)</b> PS issued a short summary report and stated that no items had been escalated and the CCG were comfortable with what we were doing. FA confirmed the CCG continue to meet monthly and site visits are held quarterly.</p> <p>Service specifications for Trust contracts are being developed and reviewed and are to be signed by CQPM before they are added to the contract.</p>	
<p><b>3</b></p>	<p><b>Service Review (Deep Dive) – Clinical Haematology share their experience and outcome</b> The presentation by EC summarised the key areas explored as part of the deep dive review, the main areas of good practice and the elements that require improvement. EC concluded that the process was a worthwhile exercise and a key observation was that departments need to be more vigorous in collecting and monitoring data. EC stated that going forward the aim is to improve the quality of weekly meetings and ensure minutes are taken and information is shared with everyone in the team. The service felt it was a very positive experience and the action plan is already being put into place.</p> <p>SJ stated that key lines of enquiry encompass the environment and the impact on provision of care. Environment issues came up as part of the clinical haematology deep dive particularly around the outpatient clinics.</p> <p>Dr Pawvel confirmed that he is working with Garry East to review the outpatient clinic area and there are architects plans that are being approved by MW.</p> <p>IM confirmed that the work is part of the Estates and Facilities Strategy for 2014-15.</p> <p>SJ confirmed that an overarching action plan is being developed for Trust-wide themes that emerge from all the deep dives that will be reviewed at the Executive Committee for</p>	

Quality, Risk and Clinical Care (EC-QRCC).

YR asked if the deep dive outcomes are rated in any way.

SJ confirmed that she; DH and FA are looking at rating the outcomes by grading the 5 areas separately.

MW stated that he is keen for the deep dives to continue in the manner they were proposed rather than it becoming another service performance management process.

The Committee confirmed that it was assured by the conduct of this deep dive and the overall approach.

#### 4 Quality Reports

BE stated the December data report was not available as it has not been seen and scrutinised by the EC-QRCC due to the new Clinical Governance Committee Structure and timetable. Therefore the Quality Report contained the November data.

KR/BE

Members of the committee expressed concern at not being able to scrutinise the most up to date information.

**Action: KR and BE to review future dates for this meeting and align with the reporting timeline.**

BE outlined a summary for the November 2013 report. It was noted that overall the Trust was performing well against national quality standards.

The pressure on bed occupancy was discussed and a number of factors identified such as nursing homes closing in Sussex, growth in patient numbers, issues with social care and the opening of the community beds.

VD confirmed that the CCG are working with providers to look at and manage this continuing challenge.

PB stated this will be reviewed at the Trust Board in February 2014.

YR highlighted that the November 2013 stroke data is green and questioned why the stroke acuity and mortality rates were still increasing.

MW stated that the Trust is admitting stroke patients whose outcome is poor, there is a resource required for timely scan information and a commitment from Surrey to put more into community services.

YR asked whether there needs to be another indicator.

VP mentioned it maybe the way we are managing our patients that could be a contributing factor. He stated that an audit is being undertaken at present that should be helpful in further understanding of the data.

DH added that nationally TIA strokes appeared quite high and the Trust is not an outlier. There is a potential coding issue where we are not coding enough of our alive strokes. The effectiveness committee took a presentation on "snap data". The stroke service is scheduled as part of the deep dive programme.

The Committee noted the efforts being made to address pressures and was assured by

	<p>the performance overall.</p> <p><b>Quality Governance &amp; Supporting Information</b>  BE tabled the Quality Governance – Review Cycle which sets out the expected review and delivery of quality standards to take place at all levels of the organisation. This is part of the Quality Strategy.</p> <p><b>Dashboard/Scorecard</b>  BE issued a copy of the documentation that has been developed for the EC-QRCC. It is a report that combines the information from the sub-committees and the scorecard. The first cycle of the new committees has been taking place during January.</p>	
<p><b>5</b></p>	<p><b>Patient Experience – Falls</b>  FA introduced an in-depth review of patient falls designed to identify causes and potential improvements. The report triangulated information from incident, complaints, PALS and Your Care Matters data and focused on eight wards with the highest incidence of falls. It was noted that overall the trust is performing very well; below the National average regarding falls.</p> <p>The report illustrated there were more falls relating to patients mobilising than falling from bed. A variety of factors that increase the risk of patient falls were shown in the report. It was agreed that a culture change around falls was required and more focus on fall prevention is essential and it is not just about the equipment that is in place.</p> <p>RS stated that the committee needs to have some assurance about what the organisation has done as a result of patient feedback and experience.</p> <p>VP noted that the characteristics of the patients, particularly mental deficiency in some way is a key factor that was demonstrated in the report and seen in clinical practice. He explained that in response a nurse consultant in dementia has been appointed, there is a psychiatric liaison team and there have been adjustments of nursing staff levels on the wards.</p> <p>YR commented that age seemed to be a key factor and there was a question about delayed transfers of care. She felt there should be more focus on prevention, risk assessments on specific groups of patients at higher risk of falling and more intentional rounding and toilet rounds.</p> <p>FA stated there will be a re-launch of the intentional rounding and the falls group. There had also been a recent presentation from Brighton which the Trust is taking a lot of learning from.</p> <p>MW added that there is an educational, behavioural and cultural change required to recognise patient behaviour relating to falls. We need to rehabilitate our patients and take some risks but the set up and design of the environment is not always the most appropriate for rehabilitation.</p> <p>RS asked where is the falls prevention work going next.</p> <p>FA stated that the falls prevention lead is developing a plan of work for the year, which she is overseeing.</p> <p><b>Action: FA to give an update on the falls prevention work plan in April 2014.</b></p>	<p><b>FA</b></p>

<p><b>6</b></p>	<p><b>Francis Report – Update and Assurance</b></p> <p>FA reviewed highlights of the report and talked through the actions/responses that are complete. FA confirmed that AC, the interim Chief Nurse had highlighted a further 5 areas of action for the Trust. These included improvement in the complaints management processes and training. FA confirmed the complaints policy is under review and training is being developed. The right staffing review is on-going and is at least a years worth of work.</p> <p>MW stated that a ‘Mock Review’ is being planned with two possible dates in March and one in May. The Executives will reconsider what needs to be kept open in the action plan and what can be closed based on conclusions from the Mock Review.</p> <p><b>Action: FA to give a further update on the outstanding actions in April 2014</b></p>	
<p><b>7</b></p>	<p><b>Clinical Audit – Medical Division – Update on Progress and Plans 2014-15</b></p> <p>VP introduced the audit review report and highlights of the audits. It was confirmed that 50% of the audits were completed, with recommendations and action plans. VP added more progress need to be made in completing action plans but that action was underway.</p> <p>It was noted that the audit programme contained only a small number of local priorities. VP agreed that this proportion should be increased in future programmes.</p> <p>YR asked for clarity of the output in terms of quantifying and qualifying the issues. She asked if there was any demonstration that through completion of the audits there will there be a reduction in risks and improved patient safety. She also requested that both positive and negative National Audit reports fro the Trust should be discussed at the committee.</p> <p>DH added that it was a good report, however, some departments such as dermatology and rheumatology, which are high volume services, did not appear to be included in the audit programme. He suggested that there was a need for more locally designed audit in response to complaints, risks and incidents.</p> <p>The chair added that there was a need to know the main outcomes of the audits as this would enable us to learn lessons going forward and put in place formal action plans for local priorities.</p> <p>Going forward a synopsis of the outcomes would be useful, what the impact is, what has been done or changed as a result of the audits.</p> <p><b>Action: VP to take forward these comments in future work.</b></p>	
<p><b>8</b></p>	<p><b>Any Other Business</b></p> <p>DH – to confirm the date for the Stroke deep dive and plan for a presentation to come to the committee.</p> <p>YR raised a concern that with NHS related news topics hitting the headlines and being reported daily in the press how she can find assurance of which issues directly affect SASH and how it would measure up. MW agreed it was a valid point but everyone needed to be cautious about the news and headlines in the press. DH stated that any issues of direct relevance to SASH are reported to the Board by MW or others.</p> <p>The chair raised the timing of reports for this meeting and asked KR that they be issued five working days prior to the meeting.</p>	

<b>9</b>	<b>Meeting Review</b>  VD found the meeting reassuring.  The chair raised the timing of reports for this meeting and asked KR that they are issued five working days prior to the meeting.	
<b>10</b>	<b>Date of next meeting -</b> 20 <sup>th</sup> February 2014	