

**Minutes of Safety & Quality Committee Meeting**  
**10 December 2013 2pm - 4:45pm**  
**AD77, Trust Headquarters, East Surrey Hospital**

**Members Present:**

Richard Shaw (Chair)	RS	Non-Executive Director
Yvette Robbins	YR	Deputy Chair
Richard Durban	RD	Non-Executive Director
Paul Simpson	PS	Chief Financial Officer
Des Holden	DH	Medical Director
Paul Bostock	PB	Chief Operating Officer
Virach Phongsathorn	VP	Chief of Service Medicine
Gillian Francis-Musanu	GFM	Director of Corporate Affairs
Jonathan Parr	JP	Clinical Governance Compliance Manager
Kim Rayment	KR	Interim Patient Safety and Risk Lead
Ben Emly	BE	Head of Performance
Colin Pink	CP	Corporate Governance Manager
Jamie Moore	JM	Divisional Chief Nurse Surgery
Cynthia Quainoo	CQ	WaCH Service Manager (representing Debbie Pullen)
Debbie Pullen	DP	Chief of Service - WaCH
<b>In Attendance</b>		
Mohan Lal	ML	Consultant, Orthopaedics
Adrian Ball	AB	Consultant, Cancer Services
Jane Penny	JP	Macmillan Lead Cancer Nurse
Sally Dando	SD	Head of Therapies
<b>Observing</b>		
Lucy Bubb		Deloittes
Suraj Bassi		Deloittes

1	GENERAL BUSINESS	Action
1.1	<p><b>Welcome and apologies for absence</b></p> <p>Richard Shaw, the new Chair for this committee, welcomed all attendees to the meeting and thanked Yvette Robbins, who previously chaired these meetings, for doing this in such a successful and energetic way.</p> <p>No apologies were received.</p>	
1.2	<p><b>Minutes of the last meeting held on 8 October 2013</b></p> <p>Richard Durban was shown as attending this meeting. He was unable to and had sent his apologies. This to be amended in the minutes.</p> <p>With this amendment, 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 – Sally Brittain (SB) is progressing this and it will be presented at the next meeting. Paper to go to next Patient Experience Committee.</li> <li>• Board's IPQR to include metrics for Trust's performance on complaint handling. Agenda item – <b>action closed</b>.</li> <li>• Chair reported that the previous Chief Nurse, Andrew Clough, had reviewed</li> </ul>	<b>SB</b>

	<p>the Francis recommendations and made some suggestions which went to MBQR. SB said that some of the actions are happening. For example, they are working through safer staffing but they are unclear about the depth of some of the recommendations. Committee asked that Fiona Allsop/Sally Brittain (FA/SB) to review AC's comments and provide a report for the next Committee meeting.</p> <p><b>ACTION 1: Update on progress to be made to this committee in January 2014 3 months time (March 2014).</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.</li> </ul> <p><b>ACTION 2: Presentation to be made to this committee in 3 months time (March 2014).</b></p> <ul style="list-style-type: none"> <li>AM queried whether the statement in the last MBQR minutes around 'a drop in performance with non-urgent blood transfusions taking place out of hours' impacted on patient safety. SB has since responded that although data to quantify the number of transfusions out of hours is not available to support the statement in the MBQR minutes following a review of performance, it is trust policy to avoid non-urgent transfusions overnight (as fewer skilled staff are on duty and patient observations are more difficult in lower light conditions). That said some non-urgent transfusions do take place with a view to improving haemoglobin levels of patients for morning ward rounds, potentially expediting decisions around discharges. Medical consultants should re-enforce the safest timing option for the patient on their ward rounds and in MDT meetings and that out of hours all junior doctors should seek advice from Clinical Site Team and Critical Care Outreach team.</li> </ul> <p><b>ACTION 3: DH to cascade down through Divisions.</b></p> <ul style="list-style-type: none"> <li>Chair queried whether the H&amp;S Annual Report had been presented to the Board. Chair made a recommendation that after approval at MBQR this should be presented to the next Board meeting. GF-M to update the Committee at the next meeting in December.</li> </ul> <p><b>ACTION 4: GFM to present at the January Board – action closed.</b></p> <ul style="list-style-type: none"> <li>Clinical Governance Framework</li> </ul> <p>The trust's internal auditors had advised of an audit around Clinical Governance and as the Trust didn't have a framework document, this first draft had been developed. KR, CP and JP to take forward and present to MBQR for sign-off and come back to the December meeting with the finished version.</p> <p>The draft has been changed and is still being developed and has been presented at the Private Board meeting. It has been proposed that Internal Audit should look at Medical and Surgical separately, focusing at Divisional level as the structure for Quality Governance is very new.</p> <p>The first MBQR, to be chaired by Michael Wilson, is being held on 11<sup>th</sup> December. DH &amp; FA to lead.</p> <ul style="list-style-type: none"> <li>Patient Experience - Update on Friends and Family</li> </ul> <p>Richard Shaw said the national results come out in the first week of November and asked IM to send an email round of where we stand and progress made. IM to send email detailing progress in early November – agenda paper – <b>action closed.</b></p> <p>There has been a 25% reduction in Your Care Matters because staff are no longer involved in the process but IM said a lot of thought is being given to how this can be solved. A newsletter is being produced by Communications</p>	<p>FA/ SB</p> <p>BB March 2014</p> <p>DH</p> <p>GFM</p>
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highlighting the changes. The Committee felt it was beneficial to have staff involvement. IM to forward the Patient Experience Agenda with links - agenda paper – **action closed**.

- Dispatches Plan Update

LC said the 12 outstanding actions had been completed but there wasn't any evidence to prove this e.g. lack of an overall action plan owner and small items had got missed. Also, there was an issue with the closure of some of the actions. It was agreed that ownership of any such similar occurrence should sit with MBQR. Des Holden and Fiona Allsop to meet with action owners to progress. Meetings have been held revisiting areas for reassurance - **action closed**.

- Safeguarding IA Report

The Committee asked IM to look at IT issues to enable an e:learning process and Fiona Allsop is to provide support and update the next meeting.

IM to look at eLearning availability and Chief Nurse to update the next meeting on progress with training targets for Level 3 and Safeguarding training. RS/YR to pick up outside of the meeting – **action closed**.

- Quality - National Audits and Implications for SASH

The Chair voiced her concern that we had participated in over 100 national audits without any tangible evidence of improvements in terms of change of practice. Dr Holden, Chiefs, Chair and Chief Nurse to meet to get some transparency as to how we move forward with this. Agreement needs to be reached on which national audits the Trust should take part in and what actions/recommendations should be progressed. A meeting will be organised with the Clinical Leads to agree a mechanism for prioritising national audits – **action closed**.

- 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.

**ACTION 5: Review back in 3 months.**

- Integrated Performance Report

Serious Incidents – PB informed the meeting that the Trust has 22 serious incidents that are overdue for Trust Closure and KR said things have been put in place so that items can be closed more quickly. YR raised a concern that she thought the figures on the scorecard were different to the figures that went to the September Board meeting. KR to check and report back to December meeting. KR reported that the time frames were different so the figures were correct – **action closed**.

- Final slide represented HR metrics. The Executives are going to take more of an interest in agency costs and YR suggested this meeting may like to see ratios and assurance of safe staffing. PB said going forward there will be things which will change.

Progress on points identified above. These will be picked up under the New Look dashboard – **action closed**

Patient Experience Committee to report to Committee as standing item – **action closed**.

**GFM  
March  
2014**

<p><b>COMMITTEE BUSINESS</b></p>	
<p><b>1.1 Highlights from MBQR</b>  This report summarised key discussion points of the last MBQR and was for information. YR asked what more needs to be done as SI closures still show an issue on dashboard. DH explained that there were 2 issues – one is that the team is quite small, one of whom is currently off sick and two the process of closure is difficult. The action plan has to be submitted to the Commissioners/Quality Governors whose fortnightly meetings do not always occur. Feedback is also sometimes delayed while waiting for inquest reports. This can cause delays of months. As a result of this, the list continues to grow as new items are added. The process needs to be reviewed. KR is meeting with the commissioners next week. It was suggested that the TDA metrics should be used to determine when they should be closed. The new MBQR will be held twice monthly on the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday.</p> <p><b>1.2 Highlights from CQPM (Clinical Quality Performance meeting)</b>  The CQPM with external attendees occurs once a month, although the last 2 meetings did not take place as there was nothing to escalate. Stroke is now higher on the agenda than #NoF with the CCGs, possibly because communication has not been as good as it could have been. A meeting is taking place on Friday concerning qualitative data that is shared with the CCGs. The Clinical Cabinet has now started. The first meeting concentrated on stroke, focusing on discharge and rehabilitation. There are 3 phases – pre-hospital, hospital and post-hospital. It was agreed that the major issue was post-hospital.  <b>ACTION 6: It was agreed that the report should highlight issues that this committee should be aware of in a short covering paper. DH to produce with CP.</b></p>	<p>DH/CP</p>
<p><b>2 Proposal Paper for new SQC</b>  This paper has been produced to review how SQC could add value to the Trust and to carry out its role of providing assurance to the Board. The CQC has now published its 5 domains which are safety, well led, responsive, effective and caring and the Trust has realigned its priorities with these domains. It was agreed that the committee should meet monthly in the second half of the month so that it could review the latest monthly performance data; that it should review key points arising from the meetings of MBQR and CQPM; that it should invite Services to present the findings of their reviews against the five CQC domains; and that it should triangulate assurance by looking at information from different perspectives, including patient experience, complaints and themes from the new Internal Controls Assurance Framework. In response to a question from YR on receiving assurance around complaints, DH confirmed that a monthly meeting takes place around patient opinion, complaints, audits and responses and feedback will be given through the Exec committee.</p>	
<p><b>3 Integrated Performance Report</b>  This report is the same report as presented to the Board. It was questioned whether the report should concentrate on quality. This report is also tabled at the Finance, Investment and Workforce committee. Should this be presented to both committees? It was agreed that both of these would be discussed further outside of this meeting. The Quality report incorporates most of the performance report and is most relevant to the Safety and Quality Committee. There is still a high level of bed occupancy, with more demand for inpatients compared to last year. Escalation is still happening and going into Q4 is at a critical time. Beds are becoming available in the community as promised but need to see the impact against the data.  <b>ACTION 7: BE to present an impact on scheme at the next meeting.</b></p> <p>Linear accelerators are about 2 months late. PB has asked to go to the TDA re DTCs to see if they could help. The TDA has thoughts/ideas which they will share with the Trust.</p> <p><b>‘New Look’ Dashboard</b>  DH is producing a new look performance dashboard aligned to the five CQC domains. The Trust level scorecard will provide the quantitative information to the Executive Committee for Quality, Risk and Clinical Care and its sub committees. Along with the outputs of Executive</p>	<p>BE</p>



5	<p><b>Orthopaedic SSI</b></p> <p>Mohan Lal presented the Surgical Site Infections report to the committee. Standard issues have changed with the NICE directive. YR asked if the Trust is 100% sure that it is compliant and it was confirmed that the best practice is followed. There are multiple factors involved and training will be continued. The new theatres will resolve this a little. The number of incidents has fallen, although the numbers do not show a dramatic improvement, and the Trust is still an outlier against national rates. Results should be shown in % terms. Data will come through the Exec Committee. The Chair thanked MH for his presentation.</p>	
6	<p><b>NICE Compliance: Technical Assessments</b></p> <p>49 NICE Quality standards have to date been published. These are gold standards. These are what the Trust should be aiming for and working towards. Deep dives are being held which will identify how the Trust performs on these standards.</p>	
7	<p><b>Meeting Review</b></p> <p>RS asked for comments on the meeting. It was acknowledged that the agenda was too long for a two hour meeting and should be reduced for future meetings. Attendance requirements at the meeting should be reviewed.</p>	
8	<p><b>Any Other Business</b></p> <p>There was no other business</p>	
9	<p><b>Date of next meeting -</b> Monday 20-January at 13:00</p>	