

**Minutes of Safety & Quality Committee Meeting**  
**11<sup>th</sup> June 2013 2pm-5pm**  
**AD77, Trust Headquarters, East Surrey Hospital**

**Members Present:**

Yvette Robbins (Chair)	Deputy Chairman
Sally Brittain	Deputy Chief Nurse
Richard Durban	Non-Executive Director
Richard Shaw	Non-Executive Director
Lisa Cheek	Divisional Chief Nurse Medicine
Debbie Pullen	Chief of Service, WaCH
Jamie Moore	Divisional Chief Nurse Surgery
Des Holden	Medical Director
Colin Pink	Acting Head of Integrated Governance and Quality
Barbara Bray	Chief of Surgery
David Heller	Chief of Pharmacy
Jon Tomlinson	Chief Operating Officer
Paul Simpson	Chief Finance Officer

**In attendance**

Sara Cuming	WaCH Audit Facilitator
Kamal Khoobarry	Consultant Paediatrician/Audit Lead
Jean Arokiasamy	Consultant Obstetrician/Gynaecologist/Audit Lead
Lucy Burford	Executive Assistant to Chief Nurse and Medical Director- Note taker

**Apologies**

Joe Chadwick-Bell	Director of Operations
Virach Phongsathorn	Chief of Service-Medicine
Gillian Francis-Musanu	Director of Corporate Affairs
Bruce Stewart	Chief of Service- CSS
Michelle Cudjoe	Divisional Chief Nurse WaCH

1	GENERAL BUSINESS	ACTION
1.1	<b>Welcome and apologies for absence</b> Y Robbins welcomed members of the Committee and apologies were noted.	
1.2	<b>Minutes of the last meeting</b> The minutes of the last meeting in April were approved as a true record.	
1.3	<b>Actions and matters arising</b>  <b>Item 7 Mortality Group</b> <b>Update-</b> More work is being carried out on collating the number of deaths for each category and D Holden will update at August meeting.	<b>DH</b>
1.4	<b>WaCH Audit Report</b> The WaCH audit team presented their report on the final year end position of the 2012/13 audit programme. Committee acknowledged year on year progress and quality of audit work. However it required cleared rationale for selection of audits for all divisions with analysis of numbers and % of audits aligning with BAF or Risk Register, National	

	<p>audit, Complaints/SUIs, best practice etc. Trust needs had be prioritised with local interests. Better direction and oversight of audits comes from involving Audit facilitators in the design of audits so that purpose and linkage with Trust needs are clear and audit is designed around key issues or key questions. In a similar way, Committee requires an overview of audit results to obtain assurance whether audit outcomes improved patient experience, safety or quality and assurance that audits with poor outcomes were repeated and identified on the risk register. The trust would then be able to use clinical audit as assurance of high quality safe practice with good patient outcomes and experiences as a source of assurance. It was agreed that audit programme rationale, progress and reporting of outcomes should be reported to MBQR for challenge and sign off that the Trust clinical audit activities meet best practice (in line with Internal Audit recommendations) with highlights and assurance demonstrated to SQC in future.</p> <p><b>Action 1</b> Value of RAG ratings for assurance to be reviewed</p> <p><b>Action 2</b> Surgery audit will be brought to the next MBQR meeting on the 17th July. (B Bray).</p>	<p>YR/DH</p> <p>GFM/BB</p>
<p>2</p>	<p><b>Themes arising from MBQR: Discharge Processes</b></p> <p>The paper by JCB who was unable to attend did not provided assurance required but J Tomlinson talked about discharge planning and delayed transfers, He highlighted that discharge planning should start on or soon after admission, or for elective patients at pre-operative assessment. An estimated 60 to 75% of patients will be defined as a simple discharge. A third of patients have complex discharges which means they require community/social services input. In total around 100-150 non-acute patients who are ready for discharge are kept in hospital in hospital whilst waiting for care arrangements to be made - both assessment, places or care packages at home. They remain at risk of infection, pressure damage and falls; lack mental stimulation, poorer quality sleep and hospital food compromise patients' sense of normality and reduces their independence, all of which often leads to confusion and makes discharge more complicated.</p> <p>There was some concern over limited availability of therapists and their ways of working.</p> <p>Feedback from the committee was that the case needs to be articulated, causes of problems for delayed discharges need to be investigated, and the committee need assurance that there is a coherent set of actions. <i>This was subsequently discussed in the Board seminar 29 June and a set of actions were agreed.</i></p> <p><b>ACTION 2</b> J Tomlinson and J Chadwick-Bell to share update on situation at August meeting.</p> <p><b>ACTION 3</b> D Holden, S Brittain and J Tomlinson to hold meeting to identify numbers of falls, infections pressure damage of patients that are ready to be discharged. Look at how datix can be used to collect information.</p>	<p>JT/JCB</p> <p>DH/SB/JT</p>

<p><b>3</b></p>	<p><b>SUI Theme</b>  <b>Patient Discharge summaries to GPs</b></p> <p>During 2012/13 the Trust undertook a project with Surrey PCT to create a system that sent our Electronic Discharge Summaries directly to the GP practice by integrated EPS within the patients' records. This was taken up by 39 GP surgeries in Surrey.</p> <p>On the 22<sup>nd</sup> November the web server developed a fault which was identified swiftly however when the server restarted the folder monitor service did not restart. This resulted in discharge summaries not being sent to the 39 Surrey GP practices affected for five months.</p> <p>While a few practices had raised the issue with different staff, it was not escalated to the IT department for resolution.</p> <p>The problem was highlighted to SaSH information team by Greystone House GP Practice on 18<sup>th</sup> April 2013 and the IT manager resolved the problem very quickly and on 19<sup>th</sup> April the backlog of discharge summaries was sent and inundated all affected GP practices( approx ¼ of the number of electronic discharge summaries generated in the period= 5500.</p> <p><b>Outcomes and actions taken</b>  Set up a communications system so that message can be shared urgently if any errors occur. Set up alarm system to alert when over 100 electronic discharge summaries are waiting to be sent. Courtesy call from IT to practice managers to check systems are working correctly. C Krynie, Information Services manager will lead on this.</p>	<p><b>CK</b></p>
<p><b>4</b></p>	<p><b>Patient Experience Update</b></p> <p><b>Patient Feedback</b>  Your care matters survey is now live in ED, inpatients, OPD and Crawley and all have different colour cards. Maternity will go live in October. Staff will be able to drill down data for their wards and set targets. Assurance will come from actual changes in performance on the wards as a result of responding to feedback.</p> <p>Synbiotix has been rolled out however there are still some IT issues with wifi which is being sorted.</p> <p>Surgery division are now carrying out a "meet the matrons" sessions regularly for patients and their families/carers and details on dates/times and matron of the day are shown on the information board on the wards. Medicine have had "meet the consultant" option for families of patients who have concerns or need more information. Under consideration is the option for a nominated family member to be present when the ward round is carried out to understand diagnosis and treatment planned whilst ensuring patient's needs/symptoms are addressed.</p> <p><b>ACTION 4</b>  Patient experience strategy needs to be updated and D Holden will ask Interim Clinical Governance Consultant Pravitha to draft 1<sup>st</sup> version.</p>	<p><b>DH/PR</b></p>

<p><b>5</b></p>	<p><b>Clinical Audit</b></p> <p><b>12/13 audit prize</b> Each division must submit 3 projects and the 4 projects with the highest score will go to Management Board where the winning project will be drawn.</p>	<p><b>DH</b></p>
<p><b>6</b></p>	<p><b>Best practice with evidence at point of care</b></p> <p><b>ITU Outreach Team</b> B Bray presented a paper on the critical care outreach team for which services were started in 2002. It offers a service 5 days a week daytime only and is nurse consultant led. The team consists of a lead nurse for critical care, band 7 critical care nurses, a physiotherapist, and 5 PAs Critical Care Consultant. The difficulties they face are a high number of referrals, admission times for to ICU, adequate training time for ward staff and effectiveness of Early warning scores. Future plans include updating operational policy for outreach, the structure for medical cover, revisiting leadership structure, integration with clinical site manager and hospital at night team and involvement in review of early warning scores. Committee was assured that Division had reviewed their performance against best practice and was aware of what needed to be done to further improve our provision of ITU outreach services.</p> <p>The team required an Exec at Board level to represent their interests at Board level discussion and D Holden volunteered to lead.</p> <p>Action Report back to SQC in 6 months on progress</p>	<p><b>BB</b></p>
<p><b>7</b></p>	<p><b>Regulatory Update/status</b></p> <p>S Brittain has put together an action plan for all of the 290 recommendations taken from the Francis Enquiry into Mid Staffs hospital. The revised and updated action plan will be brought back to the August meeting for committee assurance. Recommendations for the Trust will be reviewed by A Clough and S Brittain.</p>	<p><b>SB</b> <b>AC/SB</b></p>
<p><b>8</b></p>	<p><b>Quality Account</b></p> <p>D Holden shared a next draft of the Quality Account with the group which has been shared with external auditors and committees for their comments before the final version is submitted on the 30<sup>th</sup> June.</p> <p><b>ACTION 5</b> D Holden is working with F Robinson to finalise the paper.</p>	<p><b>DH/FR</b></p>
<p><b>9</b></p>	<p><b>TDA requirements of compliance for safety and quality</b></p> <p>C Pink shared TDA requirements and checklist papers with the group in G Francis-Musanu's absence and welcomed comments/feedback. The requirements paper will be discussed at board seminar.</p> <p><b>ACTION 6</b> D Holden/S Brittain/G Francis-Musanu to meet for assurance/compliance.</p> <p><b>ACTION 7</b> Y Robbins will discuss checklist paper with NEDS and co-ordinate a response to G</p>	<p><b>DH/SB/GFM</b> <b>YR</b></p>

	Francis-Musanu.	
10	<b>Any other business</b> None  <b>Dates of future meetings</b> 20 <sup>th</sup> August 2-5 AD77 8 <sup>th</sup> October 2-5 AD77 10 <sup>th</sup> December 2-5 AD77.	