

Minutes of Safety & Quality Committee Meeting
12th February 2013 2pm-5pm
AD77, Trust Headquarters, East Surrey Hospital

Members Present:

Yvette Robbins (Chair)	Deputy Chairman
Susan Aitkenhead	Chief Nurse
Richard Durban	Non-Executive Director
Richard Shaw	Non-Executive Director
Alan Hall	Non-Executive Director
Debbie Pullen	Chief of Service, WaCH
Bruce Stewart	Chief of Service CSS
Lorraine Clegg	Deputy Finance Officer- on behalf of Paul Simpson (CFO)
Colin Pink	Acting Head of Integrated Governance and Quality

In attendance

Ian Mackenzie	Director of Information and Facilities
Lucy Wallace	Executive Assistant to Chief Nurse and Medical Director- Note taker

Apologies

Des Holden	Medical Director
Virach Phongsathorn	Chief of Service-Medicine
Paul Simpson	Chief Finance Officer
Gillian Francis-Musanu	Director of Corporate Affairs
David Heller	Chief of Pharmacy
Barbara Bray	Chief of Service- Surgery

1	GENERAL BUSINESS	ACTION
1.1	Welcome and apologies for absence Y Robbins welcomed members of the Committee and apologies were noted.	
1.2	Minutes of the last meeting The minutes of the last meeting in January were approved as a true record	
1.3	Actions and matters arising 1.3 Action 7- D Holden to provide update on audit of consent for DNAR and the Liverpool Care Pathway: Update: Following first audit, a re-audit for DNAR will take place in 3months and be brought back to the April meeting for feedback. Action c/f to April 5 Action 3- Need a better understanding of SHA's expectations of Trusts' compliance with NICE guidance pending publications of Trusts' results in 2013. Update: Paper to MBQR 20th February and then to SQC in March. Action c/f to March 2 Action 1- Safety and Quality Strategy: Update: D Holden and S Aitkenhead to review SQC strategy, align with clinical strategy and corporate priorities, rationalise number of strategies and make changes and bring back update to April SQC meeting. Action c/f to April	 DH DH/JP SA/DH

	<p>3 Action 2- Quality Account: Update D Holden and S Aitkenhead to look at engagement plan, to include consultation around setting of objectives and initiatives with external stakeholders and trust's clinical leads and matrons and bring to April SQC Meeting. Action c/f to April</p>	<p>DH/SA</p>
<p>2</p>	<p>Patient Experience Feedback</p> <p>Your Care Matters Update Ian Mackenzie presented the latest results for your care matters survey.</p> <p>Since the survey went live on the 12th November, the response rate is currently above national target of 15% but below the Trust's own target of 20%.</p> <p>Performance of wards varied considerably with factors such as refurbishments, availability of entertainment systems affecting perception of the food (same in all areas) and nursing care. The next step is the analysis of the data at ward level to allow us to identify the areas that need improvement.</p> <p>Triangulating ward performance with HR statistics and patient experience will provide a fair basis of comparative assessment ward to ward. While waiting for introduction of advanced ward reporting IT systems and further detailed analysis, Chair asked that underperforming wards be helped to improve with knowledge already available</p> <p>National Inpatient Survey The inpatient survey was carried undertaken in August 2012 and the criteria had to include the following:-</p> <ul style="list-style-type: none"> ➤ Patients should be 16 years and over ➤ It must include at least one overnight stay ➤ Excludes maternity <p>The national benchmarked results will not be released until April but results do show a significant improvement since August 2011 for most questions. Only exception was communications around side effects of medication which has been discussed but timing of survey too early to detect any improvements. Once the final results have been published in April, we will need to look at the gaps between the Trust and the national average to consider key differences in our performance and how best to improve quality.</p> <p>While the A&E survey results were understandably poor given the conditions in A&E at the time, the Committee recognises there have been significant improvements in our patients' experience across the hospital. The next challenge is to provide consistent quality of care for patients to ensure that all patients have an equally good experience wherever they visit or stay in hospital.</p>	 YCM mtg update-12022013.pp  Inpatient survey.ppt
<p>3</p>	<p>Francis Report</p> <p>S Aitkenhead reported that there are 290 recommendations that will need to be unpicked. These will include patient contribution, performance management, staff development, peer reviews and independent audited quality accounts. There will be directives from DOH in terms of the trust' formal response but in the meantime, Susan Aitkenhead is working closely with the HCA's, matrons, band 5 nurses/midwives and ward managers to allow them to share ideas and experiences to develop a strategy with key objectives.</p>	

4	<p>Management of SIs: performance, investigations and actions</p> <p>B Stewart talked through outstanding actions. He reported that the risk team will have access to Datix to close actions based on the evidence that actions have been completed. Committee agreed that the importance of actions should be differentiated with priority listings of high, medium and low.</p> <p>Action 1: C Pink to notify governance team that all actions identified in plans developed in response to SUIs should be categorised by importance and enable Datix to search by category.</p>	CP
5	<p>Clinical audit update & outcomes (with focus on those linking to BAF, Sis, complaints and NICE)</p> <p>The group felt the report presented by B Stewart provided a good statement of assurance that CSS were delivering on their audit plan and that audit results provided assurance. However, Committee agreed that all clinical audit presentations needed an additional column to confirm whether full, partial or limited assurance gained and a summary sheet of all completed audits and their assurance category with confirmation of scheduled re-audit plans and entry on risk register where full assurance is not possible.</p> <p>Action 2: C Pink to notify Chiefs and governance teams that an assurance column be added to proformas and that a summary sheet of assurance status of all completed audits should accompany future presentations of audits.</p>	CP
6	<p>Clinical audit update & outcomes (with focus on those linking to BAF, Sis, complaints and NICE)</p> <p>B Bray was unable to attend the meeting and as there was no representation from the Surgical Division, this paper will be carried forward to the March SQC meeting.</p> <p>Action 3: BB to update paper for March meeting based on comment received from Chair based on the unrepresented January paper and Action 2 above.</p>	BB
7	<p>Any other business - None</p>	
	<p>Date of next meeting</p> <p>12th March 2pm-5pm AD77</p>	