

**Minutes of Safety & Quality Committee Meeting
24th July 2pm-5pm
AD77, Trust Headquarters, East Surrey Hospital**

Present:

Yvette Robbins (Chair)	Deputy Chairman
Richard Durban	Non-executive Director
Jo Thomas*	Chief Nurse
Bruce Stewart*	Chief of Service-CSS
Barbara Bray	Chief of Service-Surgery
Virach Phongsathorn*	Chief of Service-Medicine
Des Holden*	Chief Medical Director
Colin Pink	Acting Head of Integrated Governance and Quality
Paul Simpson*	Chief Financial Officer

In attendance

Denise Newman	Matron, Maternity
Lynda Filby	Matron, Gynaecology
Elaine Hextall	Matron, Medicine
Jean Arokiasamy	WaCH, Obs and Gynae
Sara Cuming	Audit Facilitator WaCH
Lucy Wallace	Note Taker

Apologies

Debbie Pullen	Chief of Service- WaCH
Bernie Bluhm	Chief Operating Officer
*	Arrived late or left early

1	GENERAL BUSINESS	ACTION
	<p>1.1 Welcome and apologies for absence</p> <p>Y Robbins welcomed members of the Committee and apologies were noted as above.</p>	
	<p>1.2 Minutes of the last meeting</p> <p>The minutes of the last meeting were approved as a true record.</p>	
	<p>1.3 Actions and matters arising</p> <p>4.1 Action 4: J Thomas to discuss additional resource with M Wilson/P Simpson to expedite the approval process.</p> <p>Interim Datix Project Manger is now in post and this action has been closed.</p> <p>4.1 Medical Division Audit Program</p> <p>D Holden to liaise with J Parr for requirements of a Specialty Clinical Audit Lead and to prepare training session for September Meeting. c/f</p>	<p>D Holden/ J Parr</p>

	<p>6 CSS Comparison significant risk register and SUI 2011/12</p> <p>B Stewart raised the issue of the need for more porters for diagnostic clinics and B Bluhm discussed with Execs at Execs meeting. B Bluhm will liaise with S Abbott as it may either require more funding or a revisit in delegated resources. c/f</p> <p>A presentation on porters was given at the leadership conference and the issue of the need for more porters is still ongoing.</p> <p>3.1 N Christison suggested a co-production at divisional level for patients to talk about their experiences and will send a set strategy to B Stewart to arrange.</p> <p>Y Robbins reported that the co-production is being updated and when ready will be distributed by N Christison c/f.</p> <p>7.1 The group discussed whether the wording of this question was correct</p> <p>J Thomas was going to discuss this wording with the Friday Clinical Feedback group. This action has now been closed and will be re-sampled again in 6 months.</p>	<p>B Bluhm</p> <p>Y Robbins</p>
2	Presentations	
2.1	<p>Care of Elderly Ward Presentation (E Hextall) This presentation initially focused on how Nutfield and Capel Wards monitor patient safety and patient experience. RTM is carried out at time of discharge and questions have been re-designed to do throughout stay. The ward is also seeking a verbal response a week after discharge and this will be by telephone. Consultants Geriatricians have designated time to meet up with patients and family to discuss condition and treatment. There is a faster prescribing & dispensing response time required for particular patients i.e. those with Parkinsons because of compromised swallowing function if drugs are delayed. Low profile beds had been significant in reducing falls and severity of falls. Debate followed on their wider use and it was reported that stock is moved around according to need, but that mobility of this type of bed was not good. All vacancies were either in recruitment or awaiting new starters.</p> <p>Brockham and Surgery presentation (L Filby) Brockham is a Gynaecology Ward with 20 inpatient beds and a 24 hour Gynaecology assessment unit. Due to capacity issues there were a number of outlying elderly patients on Brockham Ward from the Medical Division, many of whom required disproportionately more care than typical Brockham patients to meet their needs. SQC was assured that their needs had been met by resourceful means of the team without compromise to their core patients or services. While some staff welcomed skills development, some staff has chosen to move on as care of elderly were not the patient group they had trained for, however, given outliers tend to be mainly breast surgery patients now with relatively short stay, staff retention has increased.</p>	
3	Quality Dashboard and discussion of additional key metric	

	<p>3.1</p>	<p>C Pink tabled a basic comparison of the data captured on the committees existing dashboard and the data available on the new performance dashboards. Committee asked to consider which metrics needed to be added in to new scorecard, from previous scorecard and new metrics. This will facilitate the work being carried out by Trust. YR asked for confirmation that the data already included the metrics previously discussed with Ben Emly to reflect metrics in the Quality Account</p> <p>Action 1: The Committee is asked to identify additional metrics for scorecard (from previous scorecard or new metrics) by 10 Aug</p> <p>Action 2: Confirm QA metrics included in new scorecard</p>	<p>ALL</p> <p>C Pink</p>
<p>4</p>	<p>Risk Review</p>		
	<p>4.1</p>	<p>CP presented to the group the risk reviews for patient experience and safety and quality which indicated the areas of scoring for green, amber and red.</p> <p>SQC raised concerns over number of reds, comparative ranking /scoring and clarity over actions being taken with the need for some exception reporting. Agreed to review exceptions quarterly.</p> <p>Action 3: CP to look at filter settings, include dates/version numbers and to focus on the red areas which need improvement.</p>	<p>C Pink</p>
<p>5</p>	<p>Audit Plan</p>		
	<p>5.1</p>	<p>CSS- BS stated that in 2011-12 there were 78% of audits registered, 73% having actions plans, 1/3 have been presented and some have been rolled onto 12/13. There were 2 audits for SI's and 10% were carried out by external specialists. An audit for Pharmacy on the new drug chart pilot has shown improving prescribing. The Warfarin service has been restructured so it is too soon to do an audit.</p> <p>WaCH- JA and SC reported that there are 5 audits to be carried out for WaCH and a re-audit for miscarriage. Emergency C-sections will be audited in November and March. Audits are responsive to infrequent changes in practice to provide assurance of implementation of best practice.</p>	 <p>S&Q July 2012.ppt</p>
<p>6</p>	<p>CQC Compliance</p>		
	<p>6.1</p>	<p>New approach to seeking compliance across Trust against 16 CQC outcomes was piloted. Not quorate, so discussion postponed with Chiefs.</p> <p>Action 4: Chiefs to look at Divisional view of compliance in 4 areas discussed in preparation for feedback at September meeting. C Pink to remind end of August</p>	<p>Chiefs C Pink</p>
<p>7</p>	<p>Quality Account</p>		

	<p>7.1</p> <p>Y Robbins reported on the feedback received from the quality account from stakeholders which was positive and acknowledged trust's progress. Some stakeholder had minor requests which required some follow up e.g. sharing data, data accuracy, performance updates.</p> <p>Action 5: CP/JT/DH to go through the quality account and identify actions and respond with the changes, respond and follow up requests from stakeholders</p> <p>External auditors has reviewed Quality Account for accuracy and compliance and were satisfied, however, they observed typos, grammatical errors, abbreviations and lack of user friendly language. Chair asked about ownership and responsibility for word perfect version for next year as well as stakeholder engagement plan</p> <p>Action 6: Clarify roles for quality account and stakeholder engagement</p> <p>Action 7: Distribute a copy of the quality account is to be sent to all Audit and Assurance committee members.</p>	<p>C Pink/ J Thomas/ D Holden/</p> <p>Y Robbins</p> <p>F Robinson</p>
<p>8</p>	<p>AOB</p> <p>Y Robbins also thanked in her absence as she has now left the Trust, Norma Christison, Non-executive Director, for her contribution to the Safety and Quality Committee.</p>	
	<p>Date of next meeting 21st August 2pm-5pm AD77</p>	