

Minutes of Safety & Quality Committee Meeting
15th January 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
Jonathan Parr	Quality+Standards Lead
Debbie Pullen	Chief of Service, WaCH
Lorraine Clegg	Deputy Finance Officer- on behalf of Paul Simpson (CFO)
Sally Brittain	Deputy Chief Nurse
Des Holden	Medical Director
Gillian Francis-Musanu	Director of Corporate Affairs
Virach Phongsathorn	Chief of Service- Medicine

In attendance

Julie Short	Clinical Governance Facilitator
Lisa Cheek	Divisional Chief Nurse-Medicine
Angela Stevenson	AD- Medicine
Lucy Wallace	Executive Assistant to Chief Nurse and Medical Director- Note taker

Apologies

Alan Hall	Non Executive Director
Bernie Bluhm	Chief Operating Officer
Paul Simpson	Chief Finance Officer
Colin Pink	Acting Head of Integrated Governance and Quality
David Heller	Chief of Pharmacy
Barbara Bray	Chief of Service- Surgery

1	GENERAL BUSINESS	ACTION
1.1	<p>Welcome and apologies for absence R Durban chaired the first part of the meeting on Y Robbins behalf and welcomed members of the Committee and apologies were noted.</p>	
1.2	<p>Minutes of the last meeting The minutes of the last meeting in November were approved as a true record.</p>	

1.3	<p>Actions and matters arising</p> <p>1.3 Action 7- D Holden to provide update on audit of consent for DNAR and the Liverpool Care Pathway: <i>Update:</i> A spot audit has been undertaken on all wards and evidence shows that out of 64 DNAR forms, 11 of those were not documented and no evidence of discussion with patients or family. A re-audit will take place in 3months and be brought back to the April meeting for feedback. Action c/f.</p> <p>2 Action 1- Progress new TOR and agenda through MBQR and Divisions. <i>Update:</i> It is being implemented from February and there has been agreement for the metrics for MBQR. All divisions are looking at the recommendations. Action closed</p> <p>5 Action 3-Need a better understanding of SHA’s expectations of Trusts’ compliance with NICE guidance pending publications of Trusts’ results in 2013. <i>Update:</i> NHS South of England dashboard shows we are not fully compliant in our evidence and D Holden and J Parr to clarify at next meeting. Action c/f</p> <p>5 Action 4- Ensure CIPs impact on safety is included in TOR of MBQR. <i>Update:</i> Agreement that all CIPs will be reviewed for impact on patients and approved by D Holden or S Aitkenhead in weekly PMO weekly meetings. Action closed</p>	DH DH/JP
2	Safety and Quality Strategy Update (D Holden on behalf of C Pink)	
	<p>The Quality and Safety strategy sets out the initiatives and objectives for continuous quality improvement in all services provided at SaSH. It translates the Board of Director’s first objective to deliver ‘safe, high quality coordinated care’.</p> <p>The Chair asked for 13/14 paper to include what we did well in 12/13 and what are our priorities, actions and measures as well as to clarify initiatives to be implemented to achieve objectives and assign KPIs. Chair also asked that number of different strategies and initiatives in place to deliver corporate objectives, cited in clinical strategy and also Quality Account are aligned to ensure consistency and proposed for consideration the merging of SQC strategy and Quality Account to simplify the number of overlapping strategies and reporting mechanisms Action 1: D Holden and S Aitkenhead to review SQC strategy, simplify and make changes and re-visit at next meeting.</p>	DH/SA
3	<p>Quality Account 2012/13 (D Holden)</p> <p>This paper summarises the priorities for quality and safety of service for 2012-13. It also informs the safety and quality committee of a revised documentation required by HOSC and details the timeline for construction and sharing of the Quality Account 2012-13. The paper provided assurance that good progress had been made in most areas and by year end, objectives against all the improvement priorities will have been delivered. Discussion focussed on stakeholder engagement to ensure buy-in to next years’ Quality Improvement Priorities, which needs to include consultation with clinical staff. Action 2: D Holden and S Aitkenhead to look at engagement plan and to include consultation around setting of objectives and initiatives with external stakeholders and trust’s clinical leads and matrons.</p>	DH/SA
4	<p>Management of SI’s: performance, investigations and actions (B Stewart)</p> <p>B Stewart was unable to attend the meeting so item will be discussed at next meeting. Action c/f</p>	BS

5	Clinical Audit update and outcomes (with focus on those linking to BAF, SI's, complaints and NICE) (B Stewart) B Stewart unable to attend meeting. Action c/f	BS
6	CQUINS Progress Report (W Mahoney) At Q3, the Trust are on target to achieve 6 of the 7 CQUINS target measures at year end with risk around delivery of the audacious goals relating to reduction in NEL activity. The Trust is required to work with commissioners in Sussex wide whole system objective of reducing non-elective admissions and bed days by 15%. This has not been achieved; however, it is for CCG and Trust to assess delivery and payment. The Trust needs more alternative options to A+E e.g. GP surgeries need to look at staying open longer and at weekends. Primary and secondary care need to work closely together.	
7	Management of key risks (V Phongsathorn) This paper describes the management of risk within the Medical Division including reference to the sources of risk identification and the links between the risk register and the wider governance agenda. The committee had assurance that risks are identified and effectively reviewed at weekly divisional board meetings and the risk register was current and owned by the management team.	
8	Clinical audit update and outcomes (with focus on those linking to BAF, SI's, Complaints/NICE) (B Bray) B Bray was unable to attend the meeting Action c/f	BB
9	Any other business ED Survey Statement Brief discussion about published survey results for A&E patients in early 2012 which identified many areas where the hospital scored badly. Committee acknowledged number of improvements to the hospital including a newly developed emergency department, recruitment of more Consultants and more Nurses, Committee asked for evidence to assure itself of higher levels of patient satisfaction currently and asked for a more detailed discussion at the next meeting. Action 3: Include a review of patient experience on February agenda	SA/DH
10	Date of next meeting 12 th February 2pm-5pm AD77	