

Minutes of Safety & Quality Committee Meeting
27th November 2012 2pm-5pm
AD77, Trust Headquarters, East Surrey Hospital

Members Present:

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| Yvette Robbins (Chair) | Deputy Chairman |
| Richard Durban | Non-Executive Director |
| Richard Shaw | Non-Executive Director |
| Bernie Bluhm | Chief Operating Officer |
| Denise Newman | Matron, WaCH (attending on behalf of Debbie Pullen) |
| Bruce Stewart | Chief of Service -CSS |
| Sally Brittain | Acting Chief Nurse |
| Paul Simpson | Chief Finance Officer |
| Colin Pink | Acting Head of Integrated Governance and Quality |
| Des Holden | Medical Director |
| Gillian Francis-Musanu | Director of Corporate Affairs |
| Virach Phongsathorn | Chief of Service- Medicine |
| Alan Hall | Non-Executive Director |
| Barbara Bray | Chief of Service- Surgery |

In attendance

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| Alan McCarthy | Chairman |
| Alan Hall | Non-Executive Director |
| Richard Congdon | Non-Executive Director |
| Sue Williams | Matron, Trauma and Orthopaedics |
| Brenda Kelly | Integrated Risk Lead |
| Sue Carr | Matron, Day Surgery |
| Julie Short | Clinical Governance Facilitator |
| Jonathan Parr | Quality and Standards Lead |
| Lucy Wallace | Note taker |

Apologies

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| Debbie Pullen | Chief of Service-WaCH |
| Simon Dean | Locality Chair for Horsham |
| Pamela Walter | LINKS |
| Pearl Netley | LINKS |

| 1 | GENERAL BUSINESS | ACTION |
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| 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 October were approved as a true record. | |

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| 1.3 | <p>Actions and matters arising</p> <p>1.3 Clinical audit training programme for divisional clinical audit leads: Training for CSS has begun and medicine will start in a few weeks. Action – Closed</p> <p>4.1 C Pink has met with J Parr and work has begun on developing the CQC Policy for completion by the end of December; to be presented at MBQR prior to SQC meeting in January/February. S Brittain agreed with nurse executives to keep a CQC folder in the Chief Nurse office which will give processes on CQC protocols. Work has begun and is on course to come back to SQC in February. Action c/f</p> <p>8.1 Action 6, D Holden to email doctors reminding them of new DNAR form and consent process. Email has gone out with new consent form attached. Action - Closed</p> <p>Action 7, D Holden to instruct an audit of consent for DNAR and the Liverpool Care Pathway: Dr L Ferrigan is carrying out the audit and results will be shared once the audit is complete. D Holden will share findings at next meeting, January. Action c/f</p> | <p>C Pink</p> <p>D Holden</p> |
| 2 | MBQR | |
| | <p>Way Forward</p> <p>G Francis-Musanu presented a paper to the committee about the effectiveness of the current Management Board for Quality and Risk, MBQR, and proposals for the future. There have been a number of issues affecting the performance of MBQR: lack of clear focus on divisional quality and risk outcomes, lack of a long action tracker, variable attendances and papers presented not always clearly focused to the right audience. Moving forward, MBQR needs to take on the compliance agenda to provide assurance that the trust is delivering its primary strategic objective of “delivery of safe, high, quality care”. The key themes should be aligned with the quality account and the action log should be prioritised & RAG-rated and in the same format as other action trackers in the organisation. Each meeting should focus on the following specific areas as outlined in the quality account:-</p> <p>Patient Experience</p> <ul style="list-style-type: none"> ➤ Complaints ➤ PALS ➤ Patient Opinion ➤ Surveys <p>Patient Safety</p> <ul style="list-style-type: none"> ➤ Safety Strategy ➤ Incident reporting ➤ CAS alerts <p>Clinical Effectiveness</p> <ul style="list-style-type: none"> ➤ Clinical Audit ➤ NICE Implementation ➤ Clinical Outcome Measures ➤ National Best Practice <p>Risk</p> <ul style="list-style-type: none"> ➤ Risk registers ➤ CQC & NHSLA Compliance and other inspections/assessments ➤ Internal and external audits ➤ Claims | |

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| | <p>➤ Information Governance</p> <p>Quarterly/annual reports</p> <p>➤ From expert/advisory groups which report directly to MBQR. E.g. Health and Safety, safeguarding etc</p> <p>Policies</p> <p>By using these agenda headings, it will enable sharing of themes, and triangulation of information on complaints, risks, and incidents etc.</p> <p>Committee members were unanimous in their acceptance of the proposal and of moving forward to implementation, with the next step being the alignment of Divisional governance agendas and reporting. Chair added that scheduling of divisional meetings and MBQR had to ensure that current and timely information was being reviewed and reported to SQC. Full implementation by April 2013 and will trigger a review of SQC's terms of reference and way of working.</p> <p>Action 1: Progress new TOR & agenda through MBQR and Divisions</p> | <p>G Francis Musanu /D Holden/ C Pink</p> |
| <p>3</p> | <p>Divisional Governance Meetings</p> <p>A new reporting template was proposed based on the same agenda structure around patient experience, patient safety, clinical effectiveness and risk for monthly divisional governance meetings. Exception reporting in divisional monthly reports to MBQR will be discussed at management boards and form part of assurance reports up to SQC.</p> | |
| <p>4</p> | <p>Safety and Quality Strategy Dashboard</p> <p>C Pink presented the updated dashboard to the committee which is broken down into 3 headings- experience, safety and quality and uses a rag rating scoring mechanism. Some work is still needed to measure performance against VTE outcomes and NICE Guidance. Trust Chair raised issue of duplication of discussions around dashboard at SQC and subsequent Board meetings and agreement of need to synchronise discussions better to avoid duplication whilst ensuring sufficient scrutiny.</p> <p>Action 2 : Follow up as part of review of committees with GF-M</p> | <p>Y Robbins</p> |
| <p>5</p> | <p>Medicine- consider recommendations from NICE, NCEPOD and National Service Frameworks</p> <p>Dr V Phongsathorn, Chief of Medicine led a discussion on NICE Guidance and where the division stands with compliance in last 3 months and to date (papers attached). Audits are undertaken to monitor compliance with NICE Guidance such as management of dementia, epilepsy and diabetes. Where areas of non-compliance identified, an action plan is developed or reasons for non-compliance need to be documented. In many cases, trust does not provide full service or lacks resources to fully comply. Committee assured that Medicine considers appropriately the application and implementation of NICE guidance.</p> <p>Action 3: Need a better understanding of SHA's expectations of trusts' compliance with NICE guidance pending publications of trusts' results in 2013.</p> | <p> Divisional Summary of Non Compliance.r</p> <p> Recent Compliance Updates_Divisional.r</p> <p>J Parr</p> |
| <p>6</p> | <p>WaCH- Review progress of implementing recommendations from investigations into SUI's</p> <p>D Newman (on behalf of D Pullen) presented risk register of all open WaCH SI's and details of actions and their progress. The risk register is reviewed and updated on the first Tuesday of every month. The safeguarding team has</p> | |

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| | increased in size with new admin support which allows for reports and reviews to be carried out quicker and actions closed within the timeframe. All actions due for completion by January. Committee assured of process and timely implementation but noted the SUI had common causes seen in the past occurring with new personnel. | |
| 7 | <p>Surgical Site Infections</p> <p>B Bray, Chief of Surgery along with Sue Williams, Matron for Trauma and Orthopaedics and S Carr, Matron for day surgery presented data that showed higher than national average incidence of SSIs in FNOF and hip replacement during Q1 of calendar years for 2011 and 2012. They presented a comprehensive plan involving difference approaches to body washing prior to surgery, wound dressing and environmental management to address issues success of which they hope to evidence with reduced incidence in Q1 2013. Ring fencing of elective patients from non-elective patients has been a key step in reducing risks for elective patients. There have been no SSIs since October when ongoing surveillance was implemented. Chair asked for a report back after Q1.</p> |  <p>SSIS report Nov 2012.ppt</p> |
| 8 | <p>Safety Alerts</p> <p>C Pink provided an overview of the Trusts Central Alert function which identified the only issue was vacancies and an out of date policy. The committee were largely assured that there is a process in place for recognising the gaps in trust's response to alerts and that an escalation process is in place. Many of alerts are monitored by the medical devices group, which reports to MBQR. There are two key posts which are vacant and are currently covered by staff within the integrated governance team but once the vacancies are filled, the trust policy can be updated and divisions needed better formatted reports on progress of management of alerts to feed into their governance meetings.</p> | |
| 9 | <p>Review report of Transformation Programme Board on safety and quality impact of CIP's</p> <p>For cost improvement programs, there were 195 actions/programs last year which were supported by KPMG. These were taken into divisions and signed off by chiefs and executive leads and programs agreed for next year. Where problems have arisen with risks of compromising patient safety, swift actions were taken e.g. initiative around movement of patient records.</p> <p>Going into 13/14, there are 4 work streams: length of stay, OPD program, nursing recruitment and retention and theatres productivity/18 weeks. MBQR needs to seek assurance from Execs and Divisions that risks to patient safety, quality and experience are identified and mitigated where possible with a review post-completion to validate approach and learn from experience.</p> <p>Action 4: Ensure CIPs impact on safety is included in ToR of MBQR</p> | D Holden |
| 10 | <p>Mortality Group</p> <p>B Kelly provided a report on the progress toward the development and implementation of a trust-wide mortality review programme. It aims to ensure that all deaths receive an appropriate level of review and some to provide an opportunity for peer review of care. Information will be stored in the electronic discharge summary and focus on pathways of care, cause and effect, and Dr Foster data to facilitate the cases that offer potential learnings. Trust-wide implementation will follow completion of pilots in AMU and General Surgery, with roll out by Q4 2012/13.</p> | |
| 11 | Any other business - None | |

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| 12 | Date of next meeting: 18 th January 2pm-5pm, AD77 | |
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