

**Minutes of Safety & Quality Committee Meeting  
23rd October 2012 2pm-5pm  
AD77, Trust Headquarters, East Surrey Hospital**

Members Present:

Yvette Robbins (Chair)	Deputy Chairman
Richard Durban	Non-Executive Director
Richard Shaw	Non-Executive Director
Bernie Bluhm	Chief Operating Officer
Debbie Pullen	Chief of Service-WaCH
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

In attendance

John Power	Non-Executive Director
Alan Hall	Non-Executive Director
Gillian Francis- Musanu	Director of Corporate Affairs
Lucy Martindale	Service Manger, Liaison Psychiatry Service, Surrey and Borders Partnership Trust
Fiona Crimmins	Lead for Safeguarding Adults
Sue Carr	Matron, Day Surgery
Tom Pain	SPR in Acute and Elderly Medicine
Lucy Wallace	Notetaker

Apologies

Virach Phongsathorn	Chief of Service-Medicine
Simon Dean	Locality Chair for Horsham
Pamela Walter	LINKS
Pearl Netley	LINKS
Barbara Bray	Chief of Service- Surgery
Jamie Moore	Divisional Chief Nurse (Surgical)

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 September were approved as a true record with the following corrections:-  6.1 Action 2- "Scheduling of Divisional Risk register at MBQR prior to SQC review" replaced with "Scheduling of significant risk register presented to divisional governance committee prior to going to MBQR". <b>Action Closed.</b>  10.1 paragraph 2 line 3: "Integrated Business Report" replaced with "Integrated Business Plan".	
1.3	<b>Actions and matters arising</b>	

	<p>1.3 Clinical audit training programme for divisional clinical audit leads is being arranged by J Parr for early November. Chiefs currently unaware so J Parr to inform chiefs and send out meeting request inviting clinical audit leads to attend asap.</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.</p> <p>8.1 Action 3, C Pink to liaise with H&amp;S and Governance team to rag-rate actions on outstanding action and new plans - C Pink has discussed with teams and will review audit of outstanding actions once full team of staff are in place. <b>Action Closed.</b></p>	<p>JP</p> <p>CP/JP</p>
<b>2</b>	<b>Safety and Quality Review</b>	
	<p><b>Safety and Quality Strategy</b> C Pink presented the Safety and Quality strategy paper in D Holden's absence. The paper talks through the trust's key elements- quality, patient experience, patient safety and clinical effectiveness, but the committee agree that there needs to be more assurance that all the key elements are being met and there are supporting governance structures in place. The committee asked for greater clarity of what has been achieved and what objectives remain outstanding. Chair asked for inclusion of implementation of NICE directives as well as clinical audits as part of objective to delivery high quality care. Terminology to be tightened up as it is confusing and performance measures to be aligned with objectives/initiatives. Committee agreed that 2011 paper describing complex governance structure was probably no more deliverable this year than previous and asked for clarity around governance and reporting against SQC strategy, noting that SQC is responsible for assurance not performance management. <b>Action 1: C Pink to produce second draft of SQC strategy update</b></p> <p><b>Safety and Quality Scorecard</b> C Pink presented the latest scorecard and the committee discussed how to review the scorecard and the merits of reformatting by patient safety, patient experience and clinical effectiveness to align with strategy. Post meeting, DH has suggested delineation not helpful but agreed to providing executive overview and comment on exceptions/trends following review at MBQR. <b>Action 2 : C Pink to ensure scorecard for Nov meeting updated for additional metrics (listed) and data</b></p>	<p>CP</p> <p>CP</p>
<b>3</b>	<p><b>SSISS</b> B Bray unable to attend the meeting therefore an update will be required at next meeting. Chair wanted to focus on incidents of SSIs, actions and progress since last year's peak of SSIs. <b>Action 3: C Pink to circulate presentation with minutes for follow up in November.</b></p>	<p>CP</p>
<b>4</b>	<p><b>Introduction to vulnerable patients</b> The committee is seeking assurance that vulnerable patients are receiving high quality treatment and are not disadvantaged, that the trust is compliant with CQC standards around vulnerable patients and consent processes are in place and implemented for DNAR and LCP.</p>	

5	<p><b>Safeguarding Adults</b> F Crimmins and S Brittain talked to the group about safeguarding adults in particular elderly vulnerable patients and the protocols in place. Following on with actions arising from Despatches incident, S Brittain reported that MUST scoring audits are carried out on all inpatients and the latest results showed 95.2% of patients being compliant with the other 4.8 % not receiving a risk score. Staff are more aware of the potential for abuse and referred more patients wherever there is the slightest doubt. Policies and processes for safeguarding are monitored regularly in MBQR meetings and action plans are updated or closed.</p> <p><b>Safeguarding Children</b> S Brittain talked to the group about processes for safeguarding children. The safeguarding team are peer reviewed and meet with regional supervisors regularly however more work is do be done to audit our own practice and more safeguarding training is to be carried out for staff. The outcome of the audits will feed into gap analysis and give results of capacity level 3 training. D Pullen reported that social services are unable to provide a rep to attend the regular meetings however they are notified immediately after weekly and monthly safeguarding meetings to ensure the appropriate action has been taken by the hospital staff and that the appropriate community practitioners are informed of the concerns.</p> <p>Chair summarised that Committee was assured that vulnerable patients were safeguarded from the presentations, the annual report which was received at the Board last month and also the recent review by CQC of Outcome 7 “Safeguarding people who use services from abuse” at Crawley but asked for audit update when next reviewed.</p>	
6	<p><b>Safeguarding Training (MCA/DOLS)</b></p>	
	<p>D Holden reported that 1/3 of consultants have completed their e- learning training for DOLS and mental capacity act. The Consultants have been informed that all training must be completed by 31<sup>st</sup> December otherwise they will not be able to take any external study leave. S Brittain referred to safeguarding report at last Board meeting.</p> <p><b>Action 4: S Brittain to circulate latest figures for Nurses and HCAs that have completed their training with the minutes.</b></p> <p><b>Action 5: D Holden to update committee on uptake of e training by doctors in January.</b></p>	<p><b>SB/LW</b></p> <p><b>DH</b></p>
7	<p><b>Consent for Surgery</b></p>	
	<p>Sue Carr presented to the group the procedures used at Crawley hospital for vulnerable patients. S Carr reported that consent form no 4 is used for people who lack the ability to consent for themselves. All the patients attend appointments with carers/family and where not, an independent mental capacity assessment would be carried out. There had been no complaints. Committee were assured around process for consent to surgery for emergency patients and CQC review also provided assurance.</p>	
8	<p><b>Consent for ED</b></p>	
	<p>Tom Pain presented a set of procedures for consent and capacity during emergency assessment. He worked through example cases where patient did and did not have capacity to give consent. He explained about doctors’ decisions being made in the “Best Interests” of patient in emergency situations or in the absence of family or carers. Checks around powers of attorney were</p>	

	<p>made as they can vary in their authority/timeframe. Concerns were raised about difference of views between family and doctors which are few in practice. Consent can be written, verbal and in actions and should be reported in medical/nursing notes with specific DNAR consent documentation evidencing that consent has taken place. More patients are being admitted to hospital with DNAR forms completed however DNAR is usually initiated by medical staff. Committee were informed of a recent SUI whereby a patient with capacity was assigned a DNAR without any consent.</p> <p>Committee was assured of a clear consent policy in place and that measures were in place for vulnerable patients. It noted that while consent training formed part of the general medical course, specific training on consent was not available. Given relative newness of DNAR form, the opportunity arises to brief all doctors on need to seek and document consent. Evidence that the consent process was fully implemented at SaSH and documented was not available, prompting D Holden to carry out a spot check compliance audit to check DNARs are both appropriate and consented. Discussions moved to LCP and while circumstances were different, need for consent remained.</p> <p><b>Action 6: D Holden to email doctors reminding them of new DNAR form and consent process</b></p> <p><b>Action 7: D Holden to instruct an audit of consent for DNAR and the Liverpool Care Pathway to benchmark against other trusts and results shared with the organisation for best practice.</b></p>	<p>DH</p> <p>DH/JP</p>
<p><b>9</b></p>	<p><b>Case Studies</b></p> <p>D Holden presented a summary of a case note to the committee which has now prompted a formal complaint from the patient's daughter. The case was around an 89 year old care home resident admitted with a #NOF, some dementia and ischaemic heart disease. The daughter opened the notes and found a completed DNAR form of which her mother was unaware. The committee sought assurance that consent is being sought from patients for DNAR. D Holden agreed to an audit (See action 7)</p> <p><b>Action 8: S Brittain will update about end of life care strategy at next meeting.</b></p>	<p>SB</p>
<p><b>10</b></p>	<p><b>Liaison Psychiatry</b></p> <p>Lucy Martindale, Psychiatric Liaison Service, Surrey and Borders Partnership gave a presentation on how the service has worked in its first year with the Trust. The aim of the liaison service is to improve mental and physical health outcomes across age-span, embed Psychiatry training across hospital departments, assist with achieving CQUINS, build stronger relationships between acute, mental health, social services and primary care teams, and reduce dementia discharges to care homes. Benefits have yet to be realised as the service is limited in its scope because it is a temporary contract which ends in November. For full realisation of benefits, investment is required and P Simpson said they will need to convince the commissioners to fund the service.</p>	
<p><b>11</b></p>	<p><b>Any other business - None</b></p>	
	<p><b>Date of next meeting:</b> 27<sup>th</sup> November 2012 from 2-5pm, AD77</p>	