

Safety & Quality Committee

Thursday 10th July 2014 14.00-16.00
AD77 Trust Headquarters, East Surrey Hospital

Minutes of Meeting

Attendees:		
Richard Shaw (Chair)	RS	Non Executive Director
Yvette Robbins	YR	Deputy Chair, Non-Executive Director
Paul Simpson	PS	Chief Financial Officer
Paul Bostock	PB	Chief Operating Officer
Bruce Stewart	BS	Chief of CSS
Fiona Allsop	FA	Chief Nurse
Denise Newman		Divisional Risk Matron, WaCH – Deputising for Debbie Pullen, Chief of WaCH
Barbara Bray	BB	Chief of Surgery – Deputising for Des Holden, Medical Director
In Attendance:		
Kim Rayment	KR	Interim Patient Safety & Risk Lead (Note taking)
Jonathan Parr	JP	Clinical Governance Compliance Manager
Betty Njuguna	BJ	Quality Manager for Crawley, Horsham and Mid-Sussex CCG – Deputising for Victoria Daley, Director of Quality and Nursing
Karen Devanny	KD	Director of Quality and Nursing, East Surrey CCG
Natalie Powell	NP	Consultant and Mortality Lead - Medicine
Alan McCarthy	AM	Trust Chair
Ben Emly	BE	Head of Performance
Sally Brittain	SB	Deputy Chief Nurse
Michael Wilson	MW	Chief Executive
Stephen Dunn	SD	Observing from the TDA
Karen Knox	KK	Consultant Microbiologist
Jackie Brown	JB	Manager of Outpatients Services
Sian Griffith	SG	Consultant and Clinical Lead for Outpatients
Sarah Rafferty	SR	Director of Medical Education

		Action by
GENERAL BUSINESS		
1.1	Welcome, introductions and apologies for absence Apologies noted from Richard Durban, Debbie Pullen, Victoria Daley, Virach Phongsathorn, Des Holden and Colin Pink.	
1.2	Minutes There were no amendments noted. The minutes of the meeting were recorded as an accurate record and approved.	

1.3	<p>Actions and matters arising</p> <p>Actions carried forward</p> <p>Learning from mistakes. FA to bring paper to SQC in November</p> <p>Report from Data Assurance Committee being set up to oversee the implementation of the revised policy and work plans. BE – report for AAC in July and update to SQC in Oct / Nov</p> <p>Effectiveness of SQC. Agenda item. Action Completed</p> <p>FA to provide a review of themes and trends in complaints linking clinical diagnosis and care implementation. Included as part of the Complaints Report Q4 agenda item. Action Completed</p> <p>FA to bring falls update report in Nov</p> <p>Indications of lessons learnt and improvements made from Divisional M&M meetings. Agenda item. Action Completed</p> <p>BS to provide an update / progress paper regarding the Outpatient 5 year Strategy in July. Agenda item. Action Completed</p> <p>PB to review the emergency re-admission rates, not including maternity from the March scorecard.</p> <p>BE explained that the scorecard data is in draft form initially for review and then confirmed and set as ‘freeze’ data. The March information was draft data and has since been updated.</p> <p>PB confirmed that the emergency re-admission rates are monitored through the Clinical Effectiveness Sub-Committee. Action Completed</p> <p>KR to set up a meeting with the CCG to agree closure of the SIs that remain open on STEIS Action Completed</p> <p>YR questioned why the Trust are discharging 230 patients after 10 pm and wanted assurance that these are not elderly or vulnerable patients.</p> <p>VP stated he was surprised at the number and offered assurance that they don’t discharge patients during these times. He wondered whether delays in transport may be a factor but those cases would not account for the high numbers.</p> <p>DH agreed to look into the details of the data and feedback at the next meeting. Action: DH to review the details of the discharge data and feedback to the next meeting</p>	<p>Nov agenda</p> <p>Oct / Nov agenda</p> <p>Nov agenda</p>
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		<p>YR requested an update on the data quality strategy as she would like some peace of mind that the information is accurate she concedes that some indicators will vary but is concerned about the number of indicators that vary and the range of variation. She requested if it is possible to add a column regarding the confidence in the data and the significance. Action: BE to look into the possibility of adding a column regarding confidence in the data and the significance and provide some assurance about the data quality</p> <p>KR to plan into the SQC annual agenda planner quarterly exception reports on the deep dive integrated improvement plan. Action Completed</p> <p>SA stated that the dementia group needs to feed into the Quality and Governance structure and strategy but needs to establish more clearly what the dementia group will look like.</p> <p>DH asked for it to be put on the agenda for the 2nd Executive Committee for Quality, Risk and Clinical Care in week 4 of the month. Action: CP to add Dementia to the Executive Committee for Quality, Risk and Clinical Care agenda.</p> <p>RD explained that the committee are looking for the judgment of the lead clinicians in the areas who are undertaking and overseeing the audits to state in the audit report narrative whether or not this is a good result and whether the outcome can provide assurance or not.</p> <p>He suggested that the Clinical Effectiveness Sub-Committee, Executive Committee and AAC need to see the plan, what was completed last year, the value gained from it and why we are doing the audits planned for next year and what we hope will be gained from them.</p> <p>DH agreed that this can be done and he will pick this up at the Chiefs meeting. Action: DH to pick up the points raised by RD at the Chiefs meeting.</p>	
COMMITTEE BUSINESS			
	1.1	<p>Highlights from Executive Committee for Quality, Risk & Clinical Care</p> <p>A summary report covering the key points from the ECQRCC meeting held on 11th and 25th June was presented for assurance. The report covered a variety of topics including; Deep Dive Report Feedback; Future Plans for Deep Dive; Draft CQC Intelligence Monitoring Report; CQUIN Update and reports from the 5 sub-committees.</p> <p>PS highlighted that the monthly performance reviews have stopped as these are covered by the Quality and Governance Committee meetings. However, the divisions have stated that the performance reviews were helpful and so divisional performance reviews will continue on a quarterly basis. He updated the committee on the number of open SI investigations and assured them that a lot of focus had been put on this work since the previous meeting and a number have been closed after a meeting with the CCG.</p>	

		<p>BN confirmed that this had occurred and it had been a useful and productive process.</p> <p>RS asked how the sub-committees are working 7 months on after their establishment and reflected that SQC welcome their development and have found them helpful in getting assurance.</p> <p>PB replied that each Sub-Committee had been asked to complete a review proforma, which have been done and that the committees are now well attended.</p> <p>AM noted that there is a theme around ambulance handover times and asked how the Trust manage the risk when the hospital is running 'hot'.</p> <p>PB replied that crews bring patients into ED and are left with 2 crew members at all times until the clinicians are able to triage the patient and allocate them to hospital staff. If the patient is very unwell they go straight through to resus.</p> <p>NP assured the committee that this works well and appropriately manages the risk.</p> <p>AM asked if there have been any clinical risks or issues raised.</p> <p>FA stated that nothing has been seen through the Datix incident reporting and risk management system.</p> <p>MW added that he has met with South East Coast Ambulance Service and there is a good working relationship in place with them which helps to manage the risk.</p>	
1.2		<p>Highlight from CQRM</p> <p>A paper was presented that highlighted the key points from the CQRM that took place on the 17th June.</p> <p>PS highlighted that there was a deep dive into workforce that was presented and well received. Nothing had been escalated to the single performance conversation which was subsequently cancelled. A number of the same issues had been discussed including the need to close the open SIs on STEIS and the continued improvement of the indicators with #NOF showing further notable improvement and stroke still above the index, but improving and not recorded by Dr Foster as an outlier. A new process of 'soft intelligence' has been developed where provider organisation can report concerns to the CCG which can then be followed up.</p> <p>KD added that the soft intelligence process was working well and was a way of sharing learning across the patch.</p> <p>DN asked whether this process is a 2 way process so our Trust are able to raise concerns via the CCG regarding GP and community services.</p> <p>KD confirmed that it is a 2 way process.</p>	

	<p>RS raised the point that the trust has its own internal process for closing SI investigations and there is an external process with the CCG which has sometimes seemed to be problematic. He asked if these issues are now resolved.</p> <p>BN confirmed that these are being addressed and there are regular meetings and close working relationships between herself and KR.</p> <p>KD stated that there was a need for the provider organisations to have time to embed the learning from SIs.</p>	
SAFETY		
	<p>Incident Report – Q4</p> <p>A report was presented that demonstrates the incidents reported during January – March 2014 (Q4) and detailed high-level trends in clinical/patient incident reporting during the last four financial quarters. It highlighted that a total of 4745 clinical/patient incidents were reported during 2013/14 with 1312 reported during Q4. A total of 13 SIs were reported during the final quarter of the year.</p> <p>The medical division remained the highest reporter of clinical/patient incidents with an increasing number being reported by the CSS division over the year. Nursing and midwifery staff remains the highest reporters with an increasing trend in allied health professionals and doctors/consultants reporting. There have been an increasing number of incidents that resulted in no harm and a slight increase during Q4 in the number of incidents resulting in moderate or major harm.</p> <p>Patient falls, slips and trips remained the highest number of incidents reported in Q4 but there had not been significant fluctuation over the year. Medicines Management and Care implementation categorised incidents completed the top 3 highest number of incidents reported during the quarter.</p> <p>The reported highlighted that during the year (2013/2014) only 9% of SIs were declared within 2 days, 52% were declared 3-14 days and 39% in more than 14 working days. A variety of reasons for this were stated in the report.</p> <p>FA highlighted that the Trust is not reporting SIs onto STEIS within the National timeframe and that although a variety of reasons for this had been highlighted in the report and when talking to staff it has been acknowledged that this needs improvement and it will be added as a KPI to the scorecard.</p> <p>She provided assurance to the committee that although patient falls remains the highest number of incidents reported, the Trust is not an outlier and there has been a keen focus of work done and planned for falls prevention. She confirmed that a Falls Nurse Consultant has been appointed and will be in post soon.</p> <p>NP added that the person is very experienced and she is excited about having them on board and they are keen to start.</p> <p>YR asked for clarification on the process for raising an SI.</p> <p>KR explained the process is line with the trust policy and it clearly states the National timeframe in the policy. But, in practice, the internal declaration process often takes longer due to trying to establish more facts or gain expert clinical opinion to enable an informed and evidence based decision at the internal SI</p>	

declaration meeting.

FA added that there have been conversations with the CCG whereby potential SIs would be logged onto STEIS as a 0 grade until the facts had been established and the SI could then either be upgraded to the appropriate level or de-escalated and removed if not declared as an SI. The Trust is also looking at declaring the obvious SIs immediately.

She assured the committee that timeliness of managers reviewing incidents reported, particularly ones that indicate major or extreme harm or are flagged as potential SIs is crucial as this also impacts on uploading to the NRLS within the agreed National timeframe.

RS commented that the reporting of incidents outside the timeframe was raised in the audit of the Quality Account and came up at the AAC meeting.

FA replied that it has been discussed at the Patient Safety and Clinical Risk Sub-Committee and there are a number of actions being taken forward.

AM asked where we stand Nationally as a Trust.

KR answered that it is difficult to assess, it is not coming up as a risk on the CQC intelligence monitoring report. But, the only way to bench mark ourselves is against the organisational NRLS reports that are published twice a year but the data is always 6 months out of date.

She stated that this was something that has been discussed with CCG colleagues at the last monthly SI meeting, that once the outstanding backlog of SIs have been closed, we can work together to try and establish a means of understanding the types and numbers of SIs similar Trusts in our cluster group and patch report so we can start to see where we stand Nationally in a more useful and timely manner.

MW added that it is important that we manage the reporting and de-escalation process effectively as we don't want to be in a situation where we escalate everything.

YR stated that the number of incidents relates to a patient and welcomed the proposals to share learning via e-bulletins and have clearer learning points that can be transferred into actions and demonstrable improvements.

FA commented that the Datix web incident reporting system offers a wealth of information and opportunity to improve the system and it is much better than the previous written forms.

RS concluded that the committee is assured that although there are a high number of falls incidents they have seen evidence at committee meetings that this is being looked at. However, he asked if there is a case for doing a similar piece of work on the medication related incidents.

FA stated that this has been raised at the Patient Safety and Clinical Risk Sub-Committee and David Heller (DH), as chief pharmacist, is putting a focus on it.

BS confirmed that DH is doing some work to clarify what the differences are between medication errors and incidents and producing an algorithm. They are looking at pragmatic ways of reporting the data and providing assurance that the

	<p>safety systems in place that are designed to pick up medication errors before they result in harm are working.</p> <p>AM asked whether this breeds complacency, where staff administering or prescribing medication, rely too heavily on the system.</p> <p>BS replied that he didn't believe so.</p> <p>SR added that medicines management is part of the safety education for all FY1 doctors and they go through a prescribing training package and have additional support from training.</p> <p>BB gave a final point of assurance stating that the divisional governance boards have reports monthly.</p>	
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STRATEGY

	<p>Outpatients Scoping Exercise / Strategy</p> <p>A report was presented that highlighted the project plan to address the concerns highlighted by the CQC visit around outpatient services relating to:-</p> <ul style="list-style-type: none"> • Environment • Processes • Workforce and • Communications <p>A project group has been pulled together to develop an action plan and oversee its implementation in order to address the concerns that were raised.</p> <p>BS stated that SG has been appointed as clinical lead for outpatients and that the improvement plan hits all 5 of the trust strategic objectives.</p> <p>JB explained that there is a more detailed operational plan to support the implementation of the improvement plan. The planned changes include restructure of the physical environment and the booking and appointment processes. The changes in practices should be beneficial to patients, clinicians and the whole team. She explained how important it is to have SG on board as it is integral to the success of the plans that a clinician is supporting the change process.</p> <p>SG described how the aim is to have a unified structure with nursing leads for appointments. New IT systems are being reviewed as part of the new developments.</p> <p>JB added that the drive for this work comes from Your Care Matters and complaints data in addition to the feedback from the CQC so it is important that it continues to be monitored and implemented.</p> <p>RS observed that problems with outpatient services had also been identified through the deep dives so the completion of the improvement plan would address the concerns raised through all these sources. He asked what the timeframe is for completion of the plan.</p> <p>JB stated it is a 5-year strategy that will underpin the current scoping work being undertaken. The key areas requiring timely action will be most beneficial to improving the patient experience. The demand and capacity for the service in</p>	
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	<p>terms of managing appointments can be improved in a relatively short time and templates are being developed. She added that some of the issues require a more long-term approach.</p> <p>YR asked how it is going to be future proof and whether they had looked at other organisations regarding this.</p> <p>JB agreed that the plans needed to be as future proof as possible and explained that staff have been out to visit other organisations that are deemed as examples of best practice for the delivery of outpatient services. The working group are also part of the CCG choose and book project.</p> <p>SG added that one of the most important priorities is to be able to give patient's their first appointment quicker but highlighted that some of the capacity problems may continue to be an on-going issue.</p> <p>RS asked which Trust committee the work is being overseen and monitored by.</p> <p>PS replied that it is being discussed weekly at the Executive meeting.</p> <p>KD raised the issue that some of the timeframes for the project are ambitious and that some of them have passed.</p> <p>JB replied that the timeframes need to be tight and that she is confident that a number of actions have been completed and gave assurance that things are on track.</p> <p>BS added that any hitches will be escalated and discussed at the Executive meeting.</p> <p>RS thanked JB and SG on behalf of the committee and noted that the committee will be taking an on-going interest in the progress of the plan.</p>	
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QUALITY PERFORMANCE

	<p>The information presented related to the information and data from April 2014.</p> <p>Quality Report</p> <p>The report is a brief high level summary of the key points and any areas of risk or escalation from the Executive Committee for Quality, Risk and Clinical Care. It includes a high level summary report from each of the 5 sub-committees.</p> <p>PB explained that the Access and Responsiveness Committee meets weekly and in quarter 1 there were 100 patients a week more attending ED and 50 more patients were admitted. Winter levels of demand are continuing throughout the year however, the Trust is still meeting the targets.</p> <p>He added that work is continuing to try and improve patient flow earlier in the day so capacity is identified sooner and that delayed transfers of care are up again in June due to some community-based issues. PB concluded that winter plans are currently being developed.</p> <p>AM replied that it is reassuring to see the detail of the data and that it is currently being managed but is concerned that with the hospital continuing to run 'hot' how can the committee be assured that we are not just dealing with the symptoms and</p>	
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failing to address the causes.

PB stated that some of the causes are national issues and the fact that the report is good and the targets are being met demonstrates the organisation is performing well.

AM agreed that the Trust is performing well and did not want to detract away from that but asked what is the key thing that keeps you awake at night.

PB answered that the patient flow is a key element to the causes and the solutions.

MW added that the new out of hours doctors practice that will be based on East Surrey Hospital site should help with the patient flow as patients will be referred directly through from ED as appropriate. In addition in the next 8-10 weeks the 24 hour 7 days a week palliative care service will be implemented and the new ward being built that should be completed by the end of November will also ease the pressures. He highlighted the ongoing partnership work the Trust is doing with the CCG's to provide better patient pathways of care.

AM reflected that the new ward was designed around a 'no growth' scenario but there has been growth.

PB agreed but reiterated that although the Trust is under pressures it is still performing well and the service provision remains of a high quality.

MW added that the theatres refurbishment will be an additional benefit.

AM agreed but stated that it is also about efficiency and better use of theatres particularly at Crawley.

MW confirmed there is work that continues to address the efficiency issues.

PB added that there is a steering group meeting fortnightly to drive forward efficiencies in theatres and the use of Crawley.

AM reflected that he was assured by the work but was thinking about future proofing and being able to sustain the level of pressures and possible increases.

KD stated that this Trust is not alone in the challenges it faces and the CCGs are looking at how they can support in relieving the pressures via community services.

RS concluded that the committee can take assurance that the capacity and pressures the trust is under have been identified and are being proactively addressed through a number of means.

YR asked for more information about the 4 deaths in maternity.

DN replied that they were 4 neonatal deaths involving very sick babies and all are being followed up with a full root cause analysis investigation.

PB added that these had been picked up by the Clinical Effectiveness Sub-Committee and will be coming back to that committee.

	<p>SQC Dashboard</p> <p>YR again raised her concerns regarding the quality and accuracy of the data.</p> <p>PB replied that all the indicators will be reviewed and the data quality paper is due at the AAC in July.</p> <p>MW asked whether the re-admission data has now been tightened up.</p> <p>BE confirmed the work has now been completed to check and ensure the Dr Foster information is correct.</p>	
	<p>SQC Annual Report 2013/14</p> <p>A report was presented that summarises the achievements of the SQC during 2013/14 and sets out the challenges for 2014/15. It aimed to provide assurance that the Committee is fulfilling the delegated responsibility from the Board of Directors in executing their responsibility for seeking and monitoring assurance around safety, quality and patient experience.</p> <p>RS highlighted the challenges for 2014/15 set out in the report and asked for comments. There were no further comments relating to these.</p> <p>BS reflected that he was surprised that the Divisional Chiefs were not listed as members of the committee.</p> <p>KR responded that the current membership was based on the Terms of Reference as set out in the Trust's Rules of Procedure.</p> <p>RS suggested that the Terms of Reference needed to be reviewed particularly the members of the committee. He proposed that the committee make a request to the Board of Directors to amend the membership in the Terms of Reference as part of the recommendations when putting the paper forward to the Trust Board.</p> <p>This was agreed.</p> <p>Action: RS to request permission at Trust Board to amend the members of the committee as currently stated in the terms of reference to include the Divisional Chiefs.</p> <p>YR commented on the need for the committee to pick out different cohorts of patients and seek assurance across the wider aspects of quality and governance.</p> <p>RS replied that the report does illustrate how the committee has done this around the patient falls and dementia care. He asked if members had any suggestions for future agenda items.</p> <p>YR suggested that as the Trust moves more towards FT the committee will need more members that are patient focused and patient 'facing'.</p> <p>PS asked the attendees from the CCG's whether they get invited to other Trust's Safety and Quality Committees.</p> <p>KD confirmed that they do.</p> <p>PS thought it would be useful to have some reflection from external people and</p>	<p>RS</p>

	<p>requested that the CCG attendees give us some feedback.</p> <p>KD confirmed that they would.</p> <p>Action: CCG attendees to give some feedback to the committee regarding its current performance.</p>	<p>KD / BN</p>								
PATIENT EXPERIENCE										
	<p>Customer Care Report – Q4</p> <p>A report was presented that illustrated the complaint and PALS issues raised in Q4 2013/14 compared to the previous quarters. A decrease in the number of people choosing to make both a formal complaint and to raise concerns through PALS (Patient Advice and Liaison Service) was seen in Q4. Details of those contacts classified as PALS “advice/information” are not individually recorded and in Q4 these amounted to 527, giving a total figure of concerns and advice/information of 684. A PALS contact is classified as a concern where a learning need/service improvement is identified or the nature of the enquiry is considered to be an informal complaint. Therefore the Customer Care Team in Q4 assisted a total of 810 people, which is a 13% decrease from Q3. There has been a small decrease (4%) in complaints received in Q4 compared to Q4 2012/2013.</p> <p>In Q4 14 cases were re-opened. This denotes a significant decrease of 40%. The majority of cases were re-opened due to the complainant being unhappy with the response, rather than questions not being answered.</p> <p>In Q4 120 complaints were closed and assessed as:</p> <table data-bbox="236 1171 657 1305"> <tr> <td>Upheld</td> <td>41</td> </tr> <tr> <td>Partially upheld</td> <td>39</td> </tr> <tr> <td>Not upheld</td> <td>33</td> </tr> <tr> <td>Withdrawn</td> <td>7</td> </tr> </table> <p>Issues with appointments were the primary concern in Q4, which over the last year has consistently been one of the top three subjects of complaints, along with care implementation and communication.</p> <p>FA highlighted the fact that the PALS team is small and under a lot of pressure and relies on the excellent support from volunteers. She feels confident that learning from complaints is now starting to be embedded and is shared and monitored via the Patient Experience Sub-Committee. Customer Care training has been developed and is being delivered to both junior doctors and Consultants / Registrars.</p> <p>AM commented that it is good that we are reporting on the number of complaints that are upheld or not upheld but concerned about the number that are upheld or partially upheld.</p> <p>FA replied that the complaints range widely in the types of issues raised and are in the complainant’s own words. The investigation process should provide the committee with the confidence that the issues raised in all complaints are shared for learning and improvements.</p> <p>She added that there are other ways in which patient feedback is given and</p>	Upheld	41	Partially upheld	39	Not upheld	33	Withdrawn	7	
Upheld	41									
Partially upheld	39									
Not upheld	33									
Withdrawn	7									

	<p>peoples stories are shared including Patient Opinion; Your Care Matters and Meet the Matron, these all provide the opportunity for the Trust to listen, learn and make changes.</p> <p>BS added that other modes of patient feedback give the balance to the complaints as there are 2 or 3 commendations coming through from Patient Opinion for staff in radiology for example.</p> <p>PS highlighted that all written complaints come through the Executive office and are discussed.</p> <p>PB added that all response letters are signed off by either FA, DH, PS or PB on behalf of MW and that it is encouraging that complaints are going down, commendations are increasing and PALS issues are increasing.</p> <p>MW confirmed that all complaints addressed to him are seen by him first.</p> <p>FA added that the Trust is about to engage in some work with a local advocacy service to focus on how we can manage PALS and complaints in a different way and look at providing training to enable clinical staff to feel more confident in local, proactive resolution of issues and concerns.</p> <p>BN asked if the Trust works with Healthwatch</p> <p>FA confirmed the Trust does and there is also a trust patient / patient representative forum.</p> <p>RS concluded that the committee can take assurance from the report.</p>	
QUALITY		
	<p>Infection Prevention and Control Annual Report 2013/14</p> <p>The Infection Prevention-Control & Antibiotic Stewardship (IPCAS) Annual Report and Programme 2013/14 was presented. It summarised the number of reported MRSA BSI, the episodes of CDI and the programme of work set out for 2013/14 and the objectives achieved or carried forward.</p> <p>KK stated that the team is very well supported within the Trust. She highlighted the areas where the objectives had been met, partially met or carried over and the reason for this. KK explained that the antibiotic app has been very good and study days with the community colleagues have been positive. However, the greatest challenge is antibiotic resistance and single room capacity to manage patients.</p> <p>RS commented that it was encouraging to see the continuing downward trend in the number of hospital acquired infections but asked KK to comment further on the challenges for the future particularly single room capacity.</p> <p>KK answered that in order to overcome the single room or isolation room capacity there needs to be continued further investment and planning to enable flexibility in accommodation where possible particularly in new builds and refurbishment work. She added that there also needs to be wider investment and future planning into community beds.</p> <p>PB commented that if the Trust continues to run 'hot' then the need to provide innovative solutions for isolation of patients as appropriate will be crucial.</p>	

	<p>AM noted that it is a National problem, but asked whether the increasing trend chart on page 9 of the report is something that the Trust should be specifically worried about.</p> <p>KK stated that the E coli BSI and ESBL is a community based issue predominantly as the onset tends to be in the community or hospitals from abroad. However, once patients' come into our hospital they are in an environment that , by its nature, is rife from cross infection, so it is important to have robust processes in place within the hospital but to continue to work in close partnership with our community and GP colleagues. She added that with the ever increasing number of patients' travelling aboard for healthcare that the work on CPE isolation and management that it will become a National Directive that all cases will need to be isolated.</p> <p>YR stated that as she is part of the IPCAS group and therefore was involved in the discussion and approval of the paper prior to it coming to SQC.</p> <p>RS commented that the appropriate use of antibiotics seems to be a high priority for the Trust and asked whether the team are getting the support they require from medical colleagues.</p> <p>KK said in general yes and there is additional work to encourage some of the higher risk areas such as orthopaedics.</p> <p>PS stated that the trust has spent a lot of money on C. diff and asked KK for a view about the effectiveness of the antibiotics bought.</p> <p>KK felt that a combination of better risk assessment, management of cases and improved appropriate use of antibiotics have led to a flattening of C. diff.</p> <p>MW commented that the use of the app had made a difference particularly for junior doctors.</p> <p>KD stated that antibiotic prescribing by GPs is an issue and there is work being supported by the CCG to address some of the issues.</p> <p>MW asked whether there is an opportunity for the apps to be used by GPs and in the wider community.</p> <p>KD agreed that this is a possibility.</p> <p>KK confirmed that there is dialogue with the recently appointed antibiotic pharmacists regarding suitable antibiotic prescribing.</p> <p>KD suggested that there could be further discussions outside of the committee meeting.</p> <p>Action: KD and KK to resume the discussions outside the meeting and feedback the outcome of these at the next committee.</p> <p>RS thanked KK on behalf of the committee for the report and the report was approved.</p>	<p>KD / KK</p>
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	<p>Mortality Rates / Management – Medical Division</p> <p>A report was presented that gave figures and information about learning from the M&M meetings. It stated that, within the Medical Division, all the inpatient sub-specialties are now holding a mortality conference at least quarterly where all deaths and lessons learnt are discussed. The reports from the subspecialties are collated and submitted to the Medical Divisional Board. It highlighted that there is still a lack of uniformity in the format of the reports and this is being addressed and some subspecialties are slow in producing the reports. It confirmed that the standard mortality rate is being monitored centrally and externally.</p> <p>NP stated that the trust mortality group was set up about 18 months ago and is chaired by DH. The group reports into the Clinical Effectiveness Sub-Committee. In ED they review the deaths of 'blue light' patients as most patients are discharged out of the department and into a speciality within 4 hours. She added that work has been done to improve the quality of medical certificates regarding the cause of death, this training has particularly focused on junior doctors. Each cause of death is discussed with the Consultant or Registrar.</p> <p>The group is also working on ways to disseminate the learning to junior doctors, nurses and other professional clinical staff. Lessons learnt from complaints; M&M; incidents and any other issues that have arisen are presented at the Grand Round and there are plans for publications in the Trust Journal.</p> <p>NP concluded that the group look at a random selection of category 1 deaths, so those that are not unexpected deaths, to see if there are any issues about care in death.</p> <p>RS asked if the delay in recording the death masks any problems regarding time of death being linked to out of hours or weekends.</p> <p>NP confirmed that it is not real time data recording as the role is an administration role Monday to Friday 8am to 5pm.</p> <p>MW replied that there is no variation in the mortality rates across the time frame to indicate a problem with weekends or out of hours.</p> <p>YR asked whether there have been any issues regarding the levels and frequency of patient observations particularly with EWS and appropriate escalation of a deteriorating patient as this had come up from SI investigations in the past.</p> <p>NP replied that this had not come up so far. However, there had been an issue about who is responsible for setting the frequency of observations required, it had been assumed that this was the responsibility of the nursing staff but in accordance with the policy it is the junior doctor who is identified as responsible.</p> <p>MW added that better out of hours working, the 24/7 outreach team and the strong clinical site team have also helped in ensuring there was no variation in the mortality data.</p> <p>RS thanked NP for the paper on behalf of the committee.</p>	
	<p>Any Other Business and Review of Meeting</p> <p>No other business.</p>	

	RS commented that it had been a very productive meeting and thanked Stephen Dunn and colleagues from the CCGs for their attendance and contribution.	
	Next Meeting Monday 11 th August 2014, 14.00 – 16.00, AD65 ESH	