

Safety & Quality Committee

Thursday 3rd April 2014 12.00-14.00
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
Richard Durban	RD	Non Executive Director
Paul Simpson	PS	Chief Financial Officer
Fiona Allsop	FA	Chief Nurse
Des Holden	DH	Medical Director
Barbara Bray	BB	Chief of Surgery
Debbie Pullen	DP	Chief of WaCH
Ben Emly	BE	Head of Performance
Colin Pink	CP	Corporate Governance Manager
Jonathan Parr	JP	Clinical Governance Compliance Manager
Kim Rayment	KR	Interim Patient Safety & Risk Lead
David Heller	DH	Chief Pharmacist
Sarah Cummin	SC	Management Lead for Audit
Jean Arokiasamy	JA	Clinical lead for Audit
Gillian Cruse	GC	Note taking

		Action by
GENERAL BUSINESS		
1.1	<p>Welcome, introductions and apologies for absence</p> <p>Apologies noted from Bruce Stewart</p>	
1.2	<p>Minutes</p> <p>Amendment to page 3. Last paragraph but one, removerequested <i>Financial & Workforce Committee</i> to monitor the outcomes and replace with requested <i>Trust Board</i></p> <p>With above amendment noted the minutes of the meeting were recorded as an accurate record of the meeting and approved.</p>	
1.3	<p>Actions and matters arising</p> <p>Action 1: Presentation of review of Francis report. Action 2: Presentation to be made on Mortality rates Action 3: Data Quality review Action 4: Date of SQC to be reviewed Action 5: FA to give update on falls prevention work Action 6: FA to share overview of the service deep dives in May Action 7: BS to report back on quality of care and experience for</p>	<p>Agenda item Agenda item Agenda item Completed Agenda item May agenda</p>

		<p>Action 8: user of outpatients services at ESH FA to provide a review of the themes and trends in complaints linking clinical diagnosis and care implementation</p> <p>Action 9: JP to present the 2014/15 annual audit plans</p>	<p>May agenda</p> <p>June agenda</p> <p>May agenda</p>
COMMITTEE BUSINESS			
	1.1	<p>Highlights from Executive Committee for Quality, Risk & Clinical Care</p> <p>A brief summary of key points from meeting held on 12 and 26 March.</p> <ul style="list-style-type: none"> • CQUIN – A question raised as to which 5 SaSH are linked to. To be discussed as part of Exec meeting agenda and then reviewed with CCGs. There will be 5 CQUINs in addition to the nationally agreed mandatory ones. A number of items suggested including Alcohol and COPD. The CQUINs should challenge the Trust to improve in priority areas while also being realistically achievable. • Total Bed Contract. RS questioned the finances around this contract. FA advised that the current contract expires next year. At the present time there are 500 beds within the Trust plus 40 which belong to the Trust. Decision to be made as to whether these 40 are added to the contract, figures being reviewed. Need to monitor bed stock and maintenance costs. Many of the 40 Trust owned beds are not fit for purpose. • FA gave an update around plans for Godstone Ward. Plan to split on 21 April. General Medicine to have 28 beds and Chemotherapy remaining 5 beds. This will address risks around staffing and enable the, item on the Risk Register to be downgraded. • Action 2.2. Issue identified on the risk register. FA advised that the way the risk was written was not accurately reported but has now been clarified. DH confirmed that a solution needed to be put to Executive Committee. <p>Action: FA/DH to follow up and feed back to Executive Committee.</p>	<p>FA/DH</p>
	1.2	<p>Highlight from CQPM</p> <p>The accuracy of mortality coding now improved but still some anomalies noted. Allocation by Consultant now available. Coding is far more accurate than in the past with more in depth coding with co-morbidities included and tariff changes. The depth of coding is now nationally based and B Emly and C Krynje are currently reviewing all areas via the Clinical Effectiveness Group.</p>	
STRATEGY			
	Patient Experience Strategy		

	<p>The strategy has been taken to the Executive Committee and will be presented at the April Trust Board. It is a 5 year strategy that focuses on five themes drawn from patient experience:</p> <p>Attitude and behavior</p> <ol style="list-style-type: none"> 1) Communications 2) Environment 3) The Role of Staff 4) Leadership <p>Actions will be monitored via the Patient Experience sub-group.</p> <p>YR requested that a small section be added to the strategy regarding “Use of Smart Intelligence.” This reflects the use of technology for patients. Need to review a more user friendly process to facilitate how patients use technology when moving around the hospital and to improve the patient journey. This also needs to link into the IT strategy.</p> <p>Action: FA to take this forward to the Patient Experience Sub-group for discussion and to add to the strategy. SQC still happy for the paper to go forward to the Trust Board.</p> <p>RD added that the Quality Strategy/Patient Experience Strategy should all be linked together as each strategy contained separate vision statements but they all needed to be part of the Trust wide statement.</p> <p>RS questioned the processes going forward for the next 12-18 months. Different concerns will be raised. What is the process for updating patient concerns and any relevant actions? FA confirmed that this is part of the role of the sub-group. The strategy gives a broad outline and the day to day processes are monitored via the sub-group. Regular updates will be provided. It was agreed that the strategy will up reviewed and refreshed in 12 months as part of the Integrated Business Plan (IBP) annual review.</p>	<p>FA</p>
<p>QUALITY PERFORMANCE</p>		
	<p>The information presented related to 5 separate papers that went to the Executive Committee.</p> <p>Quality Report</p> <p>SI's – discussions held at the Private Trust Board. FA advised that there are currently 19 SIs still open. Some investigations are still ongoing and being scrutinised especially around Falls.</p> <p>A meeting is being set up with Nurses. S Lockyer is coming to the hospital on a short term basis to assist with the reduction of the backlog of medical SIs. K Rayment holds monthly meetings to review all incidents. The CCG Scrutiny Committee may raise questions which has the effect of delaying closure of some Sis.</p> <p>FA advised that assurance regarding learning from mistakes is being given via the “Deep Dive” sessions that are being undertaken but noted that there is still a gap around communication across the Trust.</p> <p>In addition, issues are discussed at both Divisional meetings and at the Patient</p>	<p>FA</p>

	<p>Turnover – Staff ratios of nurses across hospital. This is noted as a potential risk and has been escalated to the Workforce Committee. Report issued quarterly to raise awareness, also pro-actively working to review via Dr Foster data.</p> <p>Patient opinion results were as expected. 449 responses received which was more than expected against national indicator. Assurance that the Trust is pro-actively utilising the data received.</p>	
	<p>Effectiveness of SQC – Discuss / Agree methodology to assess</p> <p>Need to analyse the effectiveness of the SQC and what difference the Committee has made following decisions and actions taken. Need to justify the way the Committee runs and come up with a process.</p> <p>Action: Discussions to be held outside of meeting to come up with relevant process for analysing the effectiveness of the Committee.</p>	RS/KR/CP
PATIENT EXPERIENCE		
	<p>Francis Report – update on outstanding actions</p> <p>37 actions identified. In January 30 had been completed, with 7 outstanding which were amber rated. The report was then re-circulated and 5 were removed. Current situation is that 3 of these have now been closed and only 2 are still outstanding.</p> <p>Complaints aspect will be completed by the end of May and Safeguarding will be managed separately.</p> <p>Action: Policies to be reviewed and an update brought back to SQC to discuss any further actions that need to be taken.</p>	FA June mtg
	<p>Falls Report from January 2014 – Update & Progress</p> <p>FA presented a short update from the report written by M Flux. She advised that funding via the Charitable Funds Committee has been procured for the post of a Nursing Consultant for Falls. A fortnightly review of all Falls occurs and actions plans are put in place. The team also network with other local providers.</p> <p>Action: FA to provide an updated report at the end of the year.</p>	FA Nov mtg
SAFETY		
	<p>Mortality Rates – Surgical Division</p> <p>Report covered 2 areas 1) Data and 2) Assurance and progress</p> <p>Dr Foster data are published for a 12 month period which still showed some incorrect coding. An action plan is in place to rectify.</p> <p>A second source of data comes from the Intensive Care audit which is produced every 6 months.</p>	

	<p>Details of how deaths are reviewed are categorized. The division is running a Service Improvement Programme. A process in terms of identifying correct Consultant onto Cerner is being addressed.</p> <p>Time delays and time of death must be accurately recorded on real time recording. An audit is being carried out at the present time.</p> <p>Assurance was given to the SQC that mortality was not outside the national figures but noted that work was still required to correct some of the current processes. Evidence by months required.</p> <p>Action: Indication of lessons learnt to be fed back from all divisions to July meeting.</p>	<p>BB July mtg</p>
QUALITY		
	<p>Divisional Audit Programme Update – WaCH</p> <p>An overview was presented of the current audit programme. Risks were 29% compliant. Audits are more qualitative this year and action points more generic and embedded within the organization.</p> <p>Actions plans are now 72% completed.</p> <p>3 main audits outlined:</p> <ol style="list-style-type: none"> 1) Pediatrics – Quality & Safety issue plus NICE 2) Obs & Gynae 3) Obs & Gynae – changing processes, identifying needs of the service, risks, NICE guidelines and leadership programme. More midwifery audits to be undertaken. <p>Rolling ½ days audits are in place and audits are giving assurance that processes are robust and well embedded into the Trust.</p> <p>RS questioned the fact that it appeared that a number of audits are commissioned but not all are started or completed with action plans. The Team confirmed that 105 audits were put forward, 68 were started and all have action plans in place. Priority is now given to completion with focus on patient care. The Team relies on junior doctors to work on audits due to staffing levels and time restraints this can be problematic.</p> <p>CF and GFM are reviewing the scoring system around QGAF external expectations regarding any clinical audits. SQC require assurance that divisional audits are focusing on priority issues, are completed and that lessons are learned from them.</p>	
	<p>Any Other Business and Review of Meeting</p> <p>No further business raised.</p> <p>Only comment regarding review of meeting was from DH who felt more confident around the contents of the new style dashboard</p>	

	Next Meeting 1 st May 2014 14.00 – 16.00	
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