Safety & Quality Committee

Thursday 1st May 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
Richard Durban	RD	Non Executive Director
Paul Simpson	PS	Chief Financial Officer
Sally Brittain	SB	Deputy Chief Nurse
Des Holden	DH	Medical Director
Barbara Bray	BB	Chief of Surgery
Debbie Pullen	DP	Chief of WaCH
Colin Pink	CP	Corporate Governance Manager
Kim Rayment	KR	Interim Patient Safety & Risk Lead (Note taking)
Bruce Stewart	BS	Chief of CSS
Paul Bostock	PB	Chief Operating Officer
Alan McCarthy	AM	Chairman
Sue Jenkins	SJ	Director of Strategy

			Action by
GENERAL BUSINESS			
	1.1	**Welcome, introductions and apologies for absence** Apologies noted from Fiona Allsop, Virach Phongsathorn and Jonathan Parr	
	1.2	**Minutes** **Amendment to page 2.** Under 1.1 Last paragraph but one, should read 'risks' **Amendment to page 3.** Under Patient Experience Strategy, second paragraph, should read 'Need to review a more *user* friendly process…' With above amendments noted the minutes of the meeting were recorded as an accurate record and approved.	
	1.3	**Actions and matters arising** **Actions from April** Action 1: the risk has been discussed at the Patient Safety and Clinical Risk Sub-Committee and at the Executive Committee. A number of actions and solutions to the problems have been proposed. The risk is being reviewed and, if appropriate, the risk rating reduced in accordance to improved control measures and solutions being implemented.	

		Action 2: YR requested that a small section is added to the Patient Experience Strategy regarding the use of smart intelligence / technology and a link needs to be made to the IT strategy. FA to action	Carry forward as FA not present
		RD also suggested that all the strategy documents need to cross reference each other and should refer to the same vision statement. FA to action	
		Learning from mistakes. FA to bring paper to SQC in November	Nov agenda
		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	Oct / Nov agenda
		Effectiveness of SQC. Discussions held outside the meeting, item to be carried forward by RS.	Carry forward June agenda
		FA to provide a review of themes and trends in complaints linking clinical diagnosis and care implementation.	Carry forward July agenda
		JP to present the 2014/15 annual audit plan	Carry forward to June agenda
		FA to bring falls update report in Nov	Nov agenda
		Indications of lessons learnt and improvements made from Divisional M&M meetings. Update paper from all Divisional Chiefs to SQC in July	July agenda

COMMITTEE BUSINESS

	1.1	**Highlights from Executive Committee for Quality, Risk & Clinical Care**	
		A summary report covering the key points from the ECQRCC meeting held on 9th and 23rd April was presented for assurance. The report covered a variety of topics including; the Chief Inspector of Hospitals Inspection, Data Quality Planning, Enhancing Quality Update, Executive Committee Risk Register, Speciality Deep Dive feedback and reports from the 5 sub-committees.	
		PS assured the committee that the new committee structure was working well and has been helpful in pulling together all elements of quality and governance. However, there was an on-going problem with clinician attendance which is being addressed. The workforce sub-committee has been tasked with reviewing how the sub-committee works, what data is required for its consideration and scrutiny and the format and detail of the report it provides back to the ECQRCC.	
		RD stated that the sub-committee link with the workforce committee needs to be considered and the trust needs to be mindful of what information goes to FWC, he suggested that the minutes from the workforce sub-committee should also go to FWC.	
		YR stated that the Board are looking at workforce and vacancy / recruitment issues and monitoring staff retention data and staff retention	

| | | strategies. All the elements need to be clearly tied up in order to 'close the loop'.

RD stated that there are a number of KPIs and streams of work around recruitment and retention with the need to recruit approximately 200 new nurses over the next 12 months. The committee and board need assurance about the plans in place to meet the needs but which committee will be asking for assurance.

PS confirmed that the FWC will be seeking assurance.

RS confirmed that SQC will look to FWC to challenge and provide assurance to the board.

DP confirmed that the Division is looking at induction of labour rates and C/section rates again in the context of the consultant hours on the labour ward. They want to be able to demonstrate that the consultant time is actually in place rather than just on paper and the impact it is having. This will be presented at the Clinical Effectiveness sub-committee.

PS gave some assurance to the committee stating that it is not believed to be a significant issue.

PS confirmed that the Executive Committee has asked the Medical Division to give some specific case studies for stroke patients in order to have a better understanding of the issues. There is sometimes a problem getting stroke patient to the right beds particularly in order to avoid mixed sex bed areas. Some decisions have been made with regards to ring fenced stroke beds.

YR raised a concern that it appeared only 50% of stroke patients are getting scanned on time and questioned whether this was an issue being reviewed.

BS confirmed that the target is 50% of patients should be scanned within 1 hour, so this is not an area of concern. He stated that caution needed to be taken when interpreting the data as it is not appropriate or an expectation that all patients suspected to have had a stroke are scanned within 1 hour.

PS also added that stroke information is made up of a small group of indicators from the SSNAP data which is reported in 'real' time and the sub-set has a time lag. The committee and board need to consider the wider context of the issue including the key primary care aspects, the wider indicators and the whole picture rather than just the figures. He confirmed that SaSH are no worse than anywhere else but still have a long way to go.

RS asked whether the CQUINS had been agreed.

PB confirmed they will be agreed at 4pm that day.

PS stated that there are no CQUINS with specialist commissioning being agreed. | |
| | 1.2 | **Highlight from CQRM** | |

A summary report covering the key points from the CQRM meeting held on the 16th April was presented for assurance. No items were escalated in respect of clinical quality performance by the CQRM. The report highlighted that discussion consisted entirely of updates on current performance Stroke, Safer Staffing levels, SI's, Soft Intelligence – where Trust reports provided positive assurance, a few areas of information, and some discussion around the various performance metrics.

PS stated that the single performance conversation was held with the CCG the day before the CQRM which is now chaired by East Surrey CCG. Discussions about C/section rates, strokes and the urology clinical review took place. He confirmed that the CCG are comfortable with what is being reported to the CCG's boards.

RD asked whether we are now looking at the same targets and thresholds.

PS confirmed that we are and PB stated that the stretch and aspirational targets have nearly all been sorted out.

PS described one of the key issues highlighted at the CQRM were the finance and cost implications of 'right staffing'.

YR asked if CCG's are contributing to 'right staffing'.

PS confirmed that he is trying to find out but at present there is no help or guidance available from NHS England regarding costs. At the next CQRM there will be a 'deep dive' into 'right staffing'.

QUALITY PERFORMANCE

The information presented related to the information and data from March 2014.

Quality Report

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.

The details of these reports were discussed as part of agenda item 1.1 with the following additional questions.

YR sought assurance that the Trust is now compliant with 18 weeks and bed occupancy targets.

PB confirmed that the Trust is on target to deliver the full compliance and also now on target to reduce the back log.

RS sought assurance on the progress of work to spilt Godstone ward.

PB confirmed that the process is continuing and making good progress. The other 12 beds are due to be in place and opened in July. Recruitment and changing in signage are underway.

SQC Dashboard

YR raised concerns regarding the high rate of cancellations in the outpatient efficiency data.

PB confirmed that this is a recognised problem due to the fact that the Trust pre-book follow up appointments so far in advance and then sometimes have to cancel appointments due to A/L or other factors at the actual appointment date. He confirmed that a new outpatient clinical lead has been appointed and that the doctors A/L booking is in accordance with the Trust policy. Other aspects are also being looked at including partial bookings, how to manage outpatient appointment bookings and ensuring that appointments are honored.

BS added that a 5 year strategy is being developed which will, amongst other things, look at the use of technology; activity data / information; guidelines from the Royal Colleges; most efficient way of running outpatients; weekend appointments; whether all appointments need to take place at East Surrey hospital site; and environment. Money has been allocated to support the work.

RS asked for assurance that the actions that need to be taken now / immediately are completed and how the strategy will factor in the short, medium and long term requirements.

RD expressed the need for the Board to be involved in development of the strategy and understand the thinking behind the plans.

DP stated that there needs to be a lot of patient and user involvement in development of the strategy as they are integral to the work.

BS said he could give an update to SQC but June would be too soon.

RD suggested that the strategy could be a sub-set of the clinical strategy as it seems to fit best and it should cross reference and dove tail to the other relevant strategies such as IT; Estates and Facilities; Patient Experience etc. It should also use the Trust vision.

RS suggested that BS completes the scoping work first and then provides the committee with an update in July.

Action: BS to provide update / progress paper regarding Outpatient 5 year strategy in July

July Agenda

YR raised a concern about the 5 severe harm / death patient safety incidents reported in March and asked what these were and whether the committee should be worried.

PS was able to assure the committee that this had been looked at in the Patient Safety Committee and the 3 were falls, 2 where patient sustained a fractured NoF and 1 where the patient sustained a fractured pubic rami, 1 was a pneumothorax and 1 was an aspiration, both resulted in the death of the patient. 4 of the 5 have been declared as SIs and are being investigated.

DH stated that in order to establish if the committee should be worried it would need to understand the variation around the rate of serious incidents and have a

	clearer indicator for the data. BS suggested that a useful indicator could be around the avoidability of the incident. YR asked why there appears to be a significant drop in the number of safeguarding adult alerts raised by the Trust from 25 in February to 9 in March and is it a significant drop in the safeguarding children data regarding referral from paediatric A&E from 79 to 52. Other members of the committee were unable to provide the answer. **Action: KR to request information from Safeguarding leads for the next meeting** YR highlighted that all emergency readmission rates, not including maternity, had increased during March and asked if there is a story behind the figures. DH stated that variations are usually to do with coding but agreed that there was a chance we could be missing something if we don't understand the reasons for the increases. **Action: PB to review this data and provide the reasons and detail at the next meeting** AM observed that bed occupancy appears to remain a problem. PB explained that, as discussed at the Board, this is now being measured differently and are at 95% which is the planned target. AM confirmed that a target is agreed and plans are in place to manage this. PB agreed. **Quality Account 2013-14** DH stated that the draft document has been completed and is with stakeholders for their comment and feedback. The report is in the same style as last year so it is clear which priorities were met, partially met or not met and improvements sought for next year. The Trust did not meet all the improvements set last year particularly around falls and pressure damage. The report is due to be uploaded by the end of June. **Action: all committee members to feedback any comments / amendments to Eloise and Des by the end of May.** **Sign off by SQC at the June meeting and then onto the Board.**	
SAFETY		
	Overview Report on Deep Dives The report provided a summary of the learning and themes from the deep dive process so far. It confirmed the key themes and learning identified across each of the five domains.	

SJ reported that the last deep dive was due to take place that afternoon. There were 4 call backs, Diabetes and Endocrinology have completed their call back and assurance was provided. Pharmacy and Breast Care are due to complete their call back.

The Committee congratulated Sue Jenkins for developing and completing the excellent programme of work. It was recognised that the deep dive panels felt assured by the findings and the process of undertaking the programme and that this is an on-going process.

RD highlighted that there were apparent contradictions from the good practice found through the deep dive process in comparison to the experience of audit presentations at SQC. He stated that the main issues raised at SQC were that audits were stared but not completed and there was little evidence of what had been done as a result of the audit, what improvements had been made and plans for re-audit.

PS explained that the purpose of the deep dives was not to concentrate on specifics although there were challenging questions asked of the services.

DP agreed that audit was not always picked up and challenged in detail.

BS stated that during the process services were given the opportunity to describe what they are doing as a result of an audit or incident but felt that learning is not being cascaded at a wider Trust level.

AM stated that a concern about care planning was raised at the mock CQC inspection: services had plans of care in place but these were not always good plans of care. Thishad this been identified in the deep dives.

SB replied that the issue was more about the fact that there were care plans in place but the patients didn't know they were in place or have an understanding about their own care plans.

SJ gave examples of plans of care being set around individual patients.

SB explained that the work required is around communication with the patient and inclusion of the patient in their own care planning and a better understanding of patient perception of care plans.

PS confirmed that this work is on the CQC action plan

KR raised a question regarding whether the waiting times increasing particularly in ophthalmology, cardiology, diabetes and paediatrics was a risk issue that needed to be added to the risk register.

DP confirmed that the waiting times are not unsafe but the issue is about the high demand.

SJ agreed to look into the issues and add them to the risk register.

Action: SJ to look at the detail of the waiting times and add it as a risk to the risk register

	AM raised a general point about how the Trust came to the conclusions they did as a result of the deep dives.	
	RD stated that the Committee had supported RAG ratings as a helpful way of focusing attention on areas of good practice or improvement.	
	SJ replied that this was not continued.	
	YR asked how the committee get assurance that the conclusions from the deep dives fit with all the other streams of work.	
	CP added that he had attended about ½ of the deep dives and believed they provide a huge amount of evidence and assurance regarding good practice.	
	BB stated that the process had been good for the divisions as they were given the opportunity to look at and share both the good things and areas that required improvement. She felt it is something that should be repeated as it improves governance.	
	SJ concluded that the panels felt assured but the organisation was on a journey for continued improvement so the outcome of the programme would be an improvement plan.	
	RS asked that the improvement plan should come to the next SQC	
	Action: SJ to present the Deep Dive improvement plan at the next SQC	
QUALITY		
	Trust Annual Audit Programme / Plan 2014-15 Deferred to June meeting as information still being collated.	
	Any Other Business and Review of Meeting No further business raised. RD commented that it was interesting that the RAG rating of the Deep Dives wasn't done even though SQC had debated this and concluded that it would be useful to have a RAG rate. AM stated that the decision may have been made in order to avoid unintended conclusions based on a colour rather than a more general overview of the Trust as a whole. In general it was agreed that there had been good information and discussion.	
	Next Meeting 5th June 2014 11.00 – 13.00 AD77, ESH	