

Minutes of Safety & Quality Committee Meeting
20 February 2014 10.00 – 12.00
AD77, Trust Headquarters, East Surrey Hospital

Members Present:

Richard Shaw (Chair)	RS	Non-Executive Director
Yvette Robbins	YR	Deputy Chair, Non-Executive Director
Paul Simpson	PS	Chief Financial Officer
Fiona Allsop	FA	Chief Nurse
Ben Emly	BE	Head of Performance
Colin Pink	CP	Corporate Governance Manager
Debbie Pullen	DP	Chief of WACH, Representing Des Holden
Gillian Francis-Musanu	GF-M	Director for Corporate Affairs
David Heller	DH	Chief Pharmacist
Richard Durban	RD	Non-Executive Director
Jonathan Parr	JP	Clinical Governance Compliance Manager
Jamie Moore	JM	Deputy Chief Nurse (Surgery)
In Attendance		
Vikki Dixon		Observing
Apologies		
Des Holden		Medical Director
Barbara Bray		Chief of Surgery
Bruce Stewart		Chief of CSS
Virach Phongsathorn		Chief of Medicine
Paul Bostock		Chief Operating Officer

1	GENERAL BUSINESS	Action
1.1.1	Welcome and apologies for absence The Chair welcomed all attendees to the meeting and received apologies	
1.1.2	Minutes of the last meeting held on 10 December 2013 The minutes were reviewed and the with minor changes agreed as an accurate record.	
1.1.3	Actions and matters arising Action 1 the Chair reported that the previous Chief Nurse, Andrew Clough (AC), had reviewed the Francis action plan and made some further recommendations for action, which went to MBQR. Sally Brittain reported that the actions are being worked on siting the actions surrounding safer staffing. Committee asked that Fiona Allsop/Sally Brittain (FA/SB) review AC's recommendations and provide a formal at a later date. Action 1: Presentation of review of Francis Action plan at future meeting Action 2 Mortality Rates – Surgical Division to present Mortality rates. Dr B Bray was not present. A report to be presented in 3 months time to allow time for due	FA

	<p>process and review of data. ACTION 2: Presentation to be made to this committee in 3 months time (April 2014).</p> <p>Action 3, Data Quality Yvette Robbins asked how we were going to scrutinise the data quality of all the papers presented in meetings of Board and Committee. Clinton Kryn timer said committee should identify the most important as a priority for initial scrutiny and take it from there. Discussion followed on “kite marking” of KPIs to indicate reliability. Gillian Francis-Musanu to identify KPIs in board papers for data quality checks. 5 domains are sitting across all Exec Committees. The plan is to roll out the KPIs across these. ACTION 3: Review back in 3 months (April 2014).</p> <p>Carried Forward Action 4: Kim Rayment and Ben Emly to review future dates for this meeting and align with the reporting timeline.</p> <p>Carried Forward Action 5: Fiona Allsop to give an update on the falls prevention work plan in April 2014.</p>	<p>BB</p> <p>G F-M</p> <p>KR</p> <p>FA</p>
COMMITTEE BUSINESS		
1.2	<p>Highlights from Executive Committee for Quality, Risk & Clinical Care</p> <p>Ben Emly presented feedback from the first Executive Committee for Quality and Risk. This highlighted the key issues to be discussed at two recent meetings of the Executive Committee for Quality, Risk and Clinical Care on 8 and 22 January. The first of the meetings amongst other issues had discussed bed planning and the initial feedback from the Trust led speciality deep dives and how the information was to be used (detailed below).</p> <p>Ben Emly highlighted the ongoing work with the CCG to develop plans for the next financial year and was reassured that the Local Transformation Board was fit for purpose.</p> <p>The second of the meetings considered quality governance reports from each of the Executive Sub-Committees, notably risks from the Significant Risk Register and pressures on ED performance against the 4 hour target and bed occupancy levels.</p> <p>Paul Simpson stated the Trusts needed clarity from CCGs to ensure clarity for bed planning through the winter months. Further to this plans for QUIPP and information for long term bed modelling was required. Paul Simpson ensured the committee that conversations with all relevant parties were ongoing and there was an understanding of what information is required.</p> <p>Richard Durban asked if the right people and forum were in place to make decisions.</p> <p>Paul Simpson confirmed that the Local Transformation Board was the right forum to sign off better care funds and that the clinical cabinet was a real step forward in ensuring that all the local health economy was making good clinically based decisions.</p> <p>Yvette Robbins asked if there was a planning timetable. Paul Simpson confirmed, adding that plans need signing off by 2 April.</p> <p>The Chair asked for an explanation of what appeared to be lost community or care homes bed provision.</p>	

Paul Simpson explained that the situation needed to be monitored as the full picture was not clear, highlighting that there were issues regarding GP's cover in care homes.

The Committee was assured that appropriate actions were being taken to manage these issues and that the new Executive Committee structure is providing valuable oversight of quality performance and risk.

1.3 Highlights from CQPM

Paul Simpson presented a report on the January Clinical Quality Review Meeting. This highlighted the constructive discussions which have begun to reduce the incidence of patients being admitted with existing pressure damage, and that attempts were also being made with partners to align approaches to the benchmarking of national standards data.

Paul Simpson went on to explain that contract information had been received and soft intelligence was being defined to make it useful.

Yvette Robins raised questions around data quality as there seem to be different data sets. Paul Simpson stated that they all receive the same data sets but then adopt different methodologies for reviewing and presenting information.

CCG's data set and CSU's business intelligence we must be clear on what we are measuring.

PS stated agreement has been made with CCG's as to the high level information data sets that would be used.

The Committee noted that CQRM wished to discuss the results of the review into clinical staffing levels as a result of the National Quality Board paper in April 2014 and requested Finance & Workforce Committee to monitor the outcomes.

Fiona Allsop confirmed that there would be a deep dive into work force at CQRM in April highlighting that it would look into skill mix, uplift, recruitment and would aim to provide assurance to the CCG that the Trust is safely staffed.

Action 6: Fiona Allsop to share an overview of the deep dive with the committee in FA May

<p>2</p>	<p>Specialty Deep Dives</p> <p>Fiona Allsop presented the report on Trust led speciality deep dives. Highlighting that the deep dives review each service against the five CQC domains. Having received a presentation on the Haematology Review in January, the Committee now received an overview report on trends and issues in the first four service reviews. While outcomes were generally satisfactory, and there were challenges specific to each service, areas for improvement commonly lay in the “Responsiveness” domain, albeit for different reasons.</p> <p>The committee discussed the merits of a RAG rating system and acknowledged that communication of this should be sensitively done but that the system was useful in focusing attention on good practice and areas for improvement.</p> <p>The committee was assured that the executive committee was an improvement and had good oversight of the review process.</p> <p>Action 7: Bruce Stewart to report back to the committee on the work to improve quality of care and experience for user of outpatients services at East Surrey Hospital</p>	<p>BS</p>
<p>3</p>	<p>Quality Reports</p> <p>Ben Emly presented the Quality report this gave an overview of the first series of executive committee meetings focussing on the five elements of quality gave an overall view of the risk register quality. The report highlighted the review of metrics in conjunction with the risk register and qualitative feedback form divisions and Trust leads</p> <p>Yvette Robins asked what value the new system of committees is adding.</p> <p>Paul Simpson stated that this was a good step forward with executive review and challenge of all significant risks and quality performance. Highlighting that the new system was embedding and that reporting would evolve and improve.</p> <p>Yvette Robbins asked if this would have any effect on SI’s being monitored at Board Level.</p> <p>Paul Simpson confirmed that the Private Board SI report had not been discontinued such that there would be an overview of SI reporting.</p> <p>The Chair queried how performance was being monitored in the new system, highlighting some variation in the data presented.</p> <p>The committee discussed how day to day performance issues were managed and resolved. Focussing on the need to balance elective and emergency activity and the work of the site team.</p> <p>The committee agreed that as it strengthened its connections with the local health community it would need to focus and plan to deal with the issues generated by the increasing local population and average age of emergency admissions.</p>	
<p>4.1</p>	<p>Update on Development of Patient Experience Strategy</p> <p>Cathy White presented the highlights of the Trust’s patient experience presentation that had been well received by the Clinical Quality Review Meeting. This described the systems in place for surveying patient opinion and triangulating with other sources of feedback. It also described how the Trusts survey data had been key to the development</p>	

	<p>of a Patient Experience Strategy that will identify and address the top Trust-wide issues to emerge from a range of patient survey data, including complaints and PALS.</p> <p>Yvette Robbins requested that a patient representative should be on the committee. David Heller agreed that patient experience feedback is really valuable. The committee resolved to consider this suggestion.</p> <p>Richard Durban requested that clear links were drawn between this strategy and the other strategies already in existence.</p> <p>The committee was encouraged by the progress now being made, and a report is expected at the May Committee meeting.</p> <p>4.2 4.2 Complaints/PALS Report – Q3 2013-14</p> <p>Fiona Allsop presented the quarterly analysis of Complaints and PALS concerns. This highlighted trends in reducing complaints with increasing PALS cases.</p> <p>Richard Durban asked for an opinion on the trusts infrastructure to manage complaints.</p> <p>Fiona Allsop described the central corporate function and the divisional management resources and systems in place.</p> <p>The committee acknowledged that there was work to do to improve the processes forming and quality of complaints responses and took assurance in the low numbers of cases that the Ombudsman had considered worthy of review.</p> <p>The committee asked the Patient Safety Sub-Committee to review trends and themes associated with Clinical Diagnosis related complaints, and also to review the resourcing of PALS given the increasing numbers of concerns routed through them.</p> <p>Action 8: Fiona Allsop to provide a review of the themes and trends in complaints linked clinical diagnosis and care implementation</p>	<p>FA</p>
<p>5</p>	<p>Divisional Audit Programme Update – CSS</p> <p>David Heller presented a report on the Divisional Audit Programme for CSS on behalf of Bruce Stewart. This report detailed the number of audits planned and activity. David Heller went on to explain that the division reviewed its progressed and had resolved to improve the audit plan for 2013/14 to reflect the nature of the audits it carried out, highlighting in point the very significant antimicrobial prescribing “GAP” audits that where not detailed in the plan.</p> <p>The committee discussed the reasons why Audit programmes remain incomplete at the end of a financial year, with some topics not started.</p> <p>Debbie Pullen suggested the logistical issue with junior doctor turnover and the need to ensure management of junior doctors carrying out key audits.</p> <p>It was suggested that care should be taken to select only the most important topics for audit and to ensure that these audits were completed.</p> <p>Action 9: Jonathon Parr to present the 2014/15 annual audit plans (or similar) to SQC when completed</p>	<p>JP</p>

6	Any Other Business No matters raised	
7	Meeting Review All agreed that the conversations and reports presented at the meeting had been valuable.	
	Date of next meeting 17 April 2014	