

Safety & Quality Committee

Monday 2 October 2014 14.00 - 16.20
AD77 Trust Headquarters, East Surrey Hospital

Minutes of Meeting

Present:		
Richard Shaw	RS	Non Executive Director (Chair)
Alan McCarthy	AMc	Chairman
Barbara Bray	BB	Chief of Surgery
Ben Emly	BE	Head of Performance
Colin Pink	CP	Corporate Governance Manager
Debbie Pullen	DP	Chief of WaCH
Des Holden	DH	Medical Director
Fiona Allsop	FA	Chief Nurse
Jonathan Parr	JP	Clinical Governance Compliance Manager
Karen Devanny	KD	Director of Quality & Nursing - East Surrey CCG
Katharine Horner	KH	Patient Safety & Risk Lead
Keith Middleton	KM	Medical Matron
Lorraine Clegg	LC	Deputy Chief Financial Officer
Pauline Lambert	PL	Non Executive Director
Yvette Robbins	YR	Deputy Chair, Non-Executive Director
Gillian Cruse	GC	Note taking
Observing		
Suraj Bassi		Deloitte
Jessica McGrath		Deloitte
Apologies		
Paul Simpson	PS	Chief Financial Officer
Virach Phongsathorn	VP	Chief of Medicine
Bruce Stewart	BS	Chief of CSS
Victoria Daley	SD	Director of Quality and Nursing Crawley, Horsham and Mid-Sussex CCG

		Action by
1	GENERAL BUSINESS	
	1.1 Chair welcomed everyone to the meeting and apologies were noted.	
	1.2 Minutes of the previous meeting Three amendments to the minutes of 11 August to be noted: 1 Page 4 Change from " <i>collectoral</i> " to " <i>colorectal</i> " 2 Page 8 Change from " <i>mitigation</i> " to " <i>litigation</i> claims" 3 Page 9 Change from " <i>mandatory raining</i> " to " <i>mandatory training</i> " With amendments noted above, minutes were recorded as an accurate record of the meeting.	
	1.3 Actions from previous meeting C/F 3 April 2014 • Quality Report – <i>paper on Shared Learning from mistakes to be agenda item</i>	FA – Nov

	<p><i>for SQC November.</i></p> <ul style="list-style-type: none"> • SQC Dashboard – <i>report from the Data Assurance/Quality Report.</i> • Falls Report – <i>Update on progress should be presented SQC November.</i> <p>C/F 5 June 2014</p> <ul style="list-style-type: none"> • <i>SQC Dashboard – Review details of discharge data.</i> Have reviewed 230 cases purely from Cerner. Some have been discharged but not despatched from Cerner. AS is running an audit. Verbal update in October and agenda item for November meeting. <p>C/F 10 July 2014</p> <ul style="list-style-type: none"> • <i>Infection Prevention – update on the outcome of the discussions regarding antibiotic prescribing by GPs.</i> The trust has constant communications with the CCGs. Some C.Diff attributed to GP practices. Root cause analysis of where this has occurred and action plan regarding what needs to be put in place. <p>C/F 11 August 2014</p> <ul style="list-style-type: none"> • <i>Update on concern around VTE assessments</i> Agreed to increase Andrew Louis hours to full time. 24 hour assessments now being undertaken and new whiteboards being put in place. Full update on progress to be given in 3 months' time. • <i>Short summary on maternity and neonatal death ratios</i> Presentation on neonatal deaths presented. 2 premature and 2 others noted. No specific issues raised. • <i>TDA letters to be tabled at CQRM</i> • <i>Roll out of the "Ask me Anything" badges</i> Discussed at Nursing Groups. Still ongoing review on steps to take forward. • <i>Claims/Litigation – new report to be presented to SQC in 3 months</i> • <i>Patient Safety Committee – T & F group</i> Conclusions to be reported back to SQC in due course. Currently on track. 	<p>B E – Nov</p> <p>FA – Nov</p> <p>Verbal update Oct</p> <p>Update Oct</p> <p>Update Jan '15</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>EA – Nov</p> <p>FA – Dec</p>
	COMMITTEE BUSINESS	
	<p>1.2.1 <u>Highlights from Executive Committee for Quality, Risk & Clinical Care</u></p> <p>AMc wanted assurance around information given at previous meetings and whether this is captured within the report. There is a potential danger of the report delivering too much, should have clear assurances via discussions at meetings with notes of any actions taken.</p> <p>Example given from PL regarding action 2.4 and what has been done since the meeting.</p> <p>DH advised that the outcomes from Executive Group discussions are given as a summary and is meant to give a taste of what is happening, rather than a full blown explanation.</p>	

	<p>DH drew attention to the two notes regarding Sepsis and income from Emergency Laparotomy. YR questioned whether these were national issues and how the mortality rates were affected.</p> <p>The committee noted that a Sepsis group was being established and planned to participate in a recognized quality improvement trial. KD questioned whether there was any difference in figures for Sepsis in our out of hours. BB indicated a specific trend, related to time of day, had yet to be identified. BB noted that the trial sets out a number of interventions and particular focus is placed on early assessment senior clinicians.</p> <p>AMc wanted to know what items were still outstanding and whether if left open they will become a risk. Current trust risk profile is in the lowest band (6). J Parr gave an explanation of how the system worked and PB outlined outstanding risks and actions being taken. It is hoped that two of the risks will be downgraded in the next quarter.</p> <p>Discussion took place around the effectiveness of this Committee.</p> <p>YR raised a question around mortality and whether the trust were outliers on this. JP advised that SaSH was not technically outliers and there are quite small numbers involved. It was also noted that some are incorrectly coded and others are being reviewed.</p>	
	<p>1.2.2 <u>Highlights from CQRM</u></p> <p>The committee discussed 2 items discussed around escalation and next steps. Meetings have been held with Commissioners and this issue is also discussed at the single performance conversation which MW attends.</p> <p>KD advised that wider discussions were also ongoing amongst the Commissioners and Finance. This was not managed via CQRM so discussions now with wider team. Looking at ways of making improvements around maternity care, emergency c-sections etc.</p> <p>Stroke – more in depth analysis and wider representation required to ensure a constructive discussion and processes.</p> <p><u>Report noted and approved.</u></p>	
2	<p>QUALITY PERFORMANCE</p>	
	<p><u>Quality Report</u></p> <p>Bed Capacity. A number of operations have been cancelled on the day and questions raised as to whether this was the default position? PB gave an update on the reasons given for any cancellations. He advised that the number of attendances for the last quarter were very high especially the high number of ambulances attending the trust. Early discharges and clinical support availability required to alleviate any backlogs. A balance required between emergency work vs elective work.</p> <p>BB noted that some patients could deteriorate after cancellations and everyone is aware of this.</p> <p>DP concerned about how many times we cancel operations and felt this should be reviewed and believed that there is a need to be better at how we deal with this.</p>	

	<p>PB advised that the difficulty is around assessment of what is the priority. KD questioned whether the trust could give full assurance around admittances and date of discharge and DH confirmed that at the current time there is a large focus on discharge pathways for each patient.</p> <p>FA fed-back regarding patient experience. Particular emphasis being paid to falls and overall patient experience. Ongoing work regarding safeguarding and processes being embedded. PL noted that she had seen a significant improvement in safeguarding children level 3 training from 50.4% to 81%.</p> <p>A number of T&F groups now in place. Customer Care training now given to around 250 people</p> <p>Noted that Friends & Family feedback does fluctuate. The Staff Survey is due to be distributed in the next few days.</p> <p>Following recent national press stories regarding child protection, YR asked whether the Trust was aware of any local issues. FA stated that there were no similar local issues noted and assured the committee of the competence and diligence of local key staff. KD confirmed this position stating that she was also not aware of any problems within the community.</p>	
	<p><u>SQC Dashboard</u></p> <p>RS introduced the paper reminding the committee of the performance focused agenda item that was planned for later in the agenda. The committee discussed the SQC dashboard reflecting on red rated indicators and areas of concern.</p> <p>RS noted that the average LoS was increasing and agency staff numbers appeared to be increasing. DH commented that escalation wards have been opened and we do not always have full confidence that all patients are in the right place.</p> <p>The committee noted over the past few months, 112 patients had been declared medically fit for discharge but still occupied bed space which was an increase over previous few months.</p> <p>The committee duly noted the report.</p>	
<p>3</p>	<p>PATIENT EXPERIENCE</p> <p>The report presented covered Complaints and PALS for Quarter 1. The headlines showed a decrease in numbers both within PALS and complaints but a slight increase in the number of re-opened complaints. More training is now taking place regarding complaints. Over 250 patient facing staff members have been trained so far on customer care. This training is scheduled to continue until March 2015 covering around 500 staff members. Next sector of people to have training will be junior and then senior doctors.</p> <p>In the past a good percentage of complaints had been down to the length of time waiting for appointments. Now far more relate to poor communications. Need more time to acknowledge letters and respond and again more training taking place.</p> <p>Local resolution meetings are held quite frequently which normally has positive</p>	

	<p>results and stops a formal complaint being escalated.</p> <p>There are going to be some different PALS categories in the future with more focus and emphasis on ensuring correct questions are answered. Reviewing linkage from complaints to SIs but appear to be limited numbers.</p> <p>KD acknowledged the progress that had been made and it was now a matter of embedding learning. A culture of assurance is being carried forward within departments.</p>	
4	<p>INCIDENT REPORT (Q1)</p> <p>FA presented the report. There is now an increasing trend for reporting of minor and near miss incidents. Many of these incidents refer to Trips and Falls and medicine management. These are entered onto Datix at the earliest convenience and the system flags senior management of any high level of harm incidents.</p> <p>At the present time there are 26 open SIs and the Trust board has resolved to receive a regular public report on SI management and themes.</p> <p>RS commented on the value of the report and data included.</p> <p>In response to a question from YR, FA gave an explanation around 9 incidents which were not triaged within 6-9 months. A review required around timeline of entering information to give assurance around seriousness and how we review this as part of the future. Incident reporting is now part of induction training.</p> <p>DH noted that there was a very useful piece of work being undertaken at the moment around reporting by junior doctors which had come out of the mock CQC.</p> <p>BB noted that there was less than 1 incident report per theatre per month. A trigger list now being put together with standard definitions and things had come a long way in the past 2 years.</p> <p>RS requested an explanation around actions being taken regarding Medicine management. FA advised that each ward has an allocated Pharmacist. There is a large amount of work around training ongoing in this area. A couple of times per month DH and D Heller have been going round wards checking processes and junior doctors are being given additional training around understanding of notes. Work is also ongoing regarding movement of patients and how medicines follow them.</p> <p>Comparisons with incidents last year are being monitored.</p> <p>DH reminded the committee of the recent never event relating to the drug Methotrexate, highlighting that initial steps had been put in place to mitigate against further incidence and that relevant staff will be aware of changes detailed in Trust wide communication.</p>	
5	<p>QUALITY</p>	
	<p><u>Presentation -The balance between performance targets and patient experience</u></p> <p>PB introduced the report indicating that the purpose of the discussion was to provide supportive narrative for board conversations on what impact maintaining high levels of performance has on some patients. The presentation started with the performance dashboard which includes greater detail than previous iterations.</p>	

	<p>PB stated that for most patients their first experience of the hospital is the emergency department. He went on to explain how SITREP reports on ED performance are produced daily which are reviewed at regular meetings to analyse issues and the knock on effect on inpatient areas.</p> <p>PB highlighted that the trust has been regularly reviewing daily performance since June 2014. The committee noted that although the ED target is regularly achieved each week, there are themes around days of the week in which patients do not get the same quality of experience as the ED target 4 hour wait is breached. The Trust is currently focusing on trying to ensure that patients seen in ED have the same high quality experience every day.</p> <p>The committee noted the discharge difficulties on Saturdays and Sundays and their effect on performance. PB highlighted the new Discharge and Assess team that was set up and ongoing talks with community providers to make available local primary care beds. The committee was assured that work is ongoing regarding nurse led discharge and discussions regarding community beds.</p> <p>DH went on to outline a patient story. In the case identified a patient had spent 12 additional days awaiting a community bed due to the number of operational but not clinically necessary bed moves. In this case as the team of consultants do not always follow patients the decision to discharge was not noted following the first operational bed move. This is one of the effects of not getting a patient into the right bed first time.</p> <p>The committee went on to discuss the effects of reducing ward rounds across multiple wards which has had the negative effect of increasing operational bed moves to move patients to appropriate clinical settings after initial admission.</p> <p>RS thanked management for the presentation which had provided assurance around the Trust's commitment to ensure operational issues do not affect quality of care and to improve understanding of the effect that operational decisions were having. RS went on to state that Trust needs to continue to strive to understand what good looks like using the available information and improve equality of care provided.</p> <p>RS asked that management continue to review ways of getting as many patients as possible into the right bed at the first opportunity and provide feedback on efforts to standardize ED performance on a daily basis.</p> <p>AMc noted that he was encouraged by the discussions throughout the agenda item. He stated that the ED target was not easy to achieve and agreed that listening to patient experience is one of the key elements to improvements in quality of care.</p>	
<p>6</p>	<p>ANY OTHER BUSINESS No further business raised.</p> <p>RS thanked everyone and meeting closed at 16.00.</p>	
	<p>DATE OF NEXT MEETING</p> <p>6th November 2014 14.00 – 16.00 AD77</p>	