

Safety & Quality Committee

Monday 6 November 2014 14.00 - 16.20
AD77 Trust Headquarters, East Surrey Hospital

Minutes of Meeting

Present:		
Richard Shaw	RS	Non-Executive Director (Chair)
Fiona Allsop	FA	Chief Nurse
Paul Simpson	PS	Chief Financial Officer
Yvette Robbins	YR	Deputy Chair, Non-Executive Director
Pauline Lambert	PL	Non-Executive Director
Sue Jenkins	SJ	Director of Strategy
Barbara Bray	BB	Chief of Surgery
Jonathan Parr	JP	Clinical Governance Compliance Manager
Sally Brittain	SB	Deputy Chief Nurse
Denise Newman	DN	Matron WACH
Katharine Horner	KH	Patient Safety & Risk Lead
Cynthia Quainoo	CQ	Deputy ADO for WACH
Zara Nadim	ZN	Consultant Gynecologist, Lead Clinician & Clinical Director
Colin Pink	CP	Corporate Governance Manager
Shazia Jaleel	SJ	Locum Consultant; Special Interest Mental Health & Post natal Issues
Apologies		
Des Holden	DH	Medical Director
Debbie Pullen	DP	Chief of WACH
Bruce Stewart	BS	Chief of CSS
Ben Emly	BE	Head of Performance

		Action by
1	GENERAL BUSINESS	
	1.1 Chair welcomed everyone to the meeting and apologies were noted.	
	1.2 Minutes of the previous meeting The Chair noted that the minutes available were not the final draft and resolved to postpone review of the October minutes until the next meeting. The committee highlighted initial issues with the notes.	
	1.3 Actions from previous meeting were discussed as follows C/F 3 April 2014 <ul style="list-style-type: none"> • Quality Report – closed report to be discussed during the meeting. • SQC Dashboard – report from the Data Assurance closed to be discussed at AAC later in the month. • Falls Report – closed report to be discussed during the 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> <p>Closed. 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> <p>C/F 11 August 2014</p> <ul style="list-style-type: none"> • Closed Short summary on still birth and neonatal death ratios Presentation on neonatal deaths presented. 2 premature and 2 others noted. No specific issues raised. • Closed TDA letters to be tabled at CQRM <p>The remaining actions due in December and January were noted for completeness.</p>	
	<p>COMMITTEE BUSINESS</p>	
	<p>1.2.1 Highlights from Executive Committee for Quality, Risk</p> <p>CP provided a brief introduction to the report summary of the October Executive Committee for Quality and Risk and the sub committees then took questions.</p> <p>PL commented on the improved feedback that the process was generating and the assurance it provides.</p> <p>YR inquired what the admission avoidance dialogue with the GPs referred to asking for reassurance that systems had not broken down. SB confirmed that processes were still in place and that this referred to extra work with GPs to try and avoid “walk in” activity.</p> <p>YR asked about the usage of urinary catheters highlighted by the safety thermometer data. SB reported that as a point prevalence survey on the date of review there had been an unusually high number of patients using a catheter. Although it was noted as a concern there were no ongoing issues related to the peak use.</p> <p>RS commented on the positive assurance provided by the framework for reporting committee activity that had been set up during the year.</p>	
	<p>1.2.2 Highlights from CQRM</p> <p>PS provided the report from the CQRM meeting, stating that no issues had been escalated to the single performance committee and as such the meeting was cancelled.</p> <p>PS discussed recent work with the medical staff regarding the Schwarz project which was sharing support and providing a vehicle for learning. FA noted that the Trust had 12 months funding for the project and clinical managers were receiving positive feedback.</p> <p>The committee noted the conversations that are ongoing with commissioners regarding stroke services with the local health community, significant differences in the use of national data and efforts to redesign services. PS stated that the Trust had written to commissioners from Surrey regarding the governance and clinical</p>	

	<p>engagement of stroke pathways. The committee noted the ways in which local commissioners were using stroke data as either a performance tool or as a way to drive quality improvements.</p> <p>Action RS asked PS to coordinate a review of stroke management and report back at the January SQC.</p> <p>RS asked how the two items taken to the last single performance conversation had been resolved. PS stated that the Trust was awaiting CCG response from the first issue regarding commissioning work to support the CQC inspection action plan. The second issue relating to the community bed tariff had been resolved. PS stated that normal mechanisms within the tariff had been identified and agreed.</p>	<p>PS</p>
<p>2</p>	<p>QUALITY PERFORMANCE</p>	
	<p>Quality Report and SQC Dashboard</p> <p>RS asked the committee for comments on the reports in PB and BE's absence.</p> <p>The Committee discussed the quality report and focused on data quality in theatre usage and emergency readmissions.</p> <p>YR asked what the issue highlighted by the theatre data represented. PS highlighted that it was activity data and that there had been issues of data quality identified which were being resolved.</p> <p>PS highlighted the ongoing effect of summer emergency admissions on elective activity, focussing on increased backlog and waiting times.</p> <p>DN commented on the rising trend of emergency C-sections, highlighting the positive effect of changes made to the induction pathway and learning from audit.</p> <p>The committee focused on elements of the quality report that reflected on safeguarding and agency use. SB highlighted incidents when nursing cover was at a significantly higher level of experience than plan, because junior staff were not available. The Committee was reassured that agency staff usage did not represent a clear risk to quality of care.</p> <p>PL commented that it was reassuring that the Trust was familiar with its agency staff and asked how big a violence and aggression issue the Trust had. BB replied that the issues tended to be low but focussed in areas of challenging issues such as alcohol dependency and managing patients with dementia.</p> <p>YR asked if the fall in patient FFT recommendations was understood. KH stated that it was being looked into and that first review indicated that text reminder services had not been as effective as previous months.</p> <p>Action Cathy White to review falling trend in FFT responses and recommendations and report back to December meeting.</p> <p>YR queried the MRSA BSI data reported on SQC dashboard (3 cases). CP stated that it looked like an error brought forward from last year's position. SB confirmed that the Trust had not had 3 cases year to date.</p> <p>RS asked about the specific trends in the mortality data. JP confirmed that the effectiveness committee had reviews in hand and that to date issues with coding</p>	<p>CW</p>

	<p>were affecting the data. SB highlighted how coders relied on specific language in clinical notes and that unclear diagnosis often affected the recording of comorbidities. JP demonstrated this point by reflecting on the difference between national and crude mortality figures, as crude mortality does not take into account comorbidities.</p> <p>The committee took reassurance from resolved issues in data quality and the impact on Dr Foster benchmarking, but agreed that efforts to influence and effect improvements in the local health systems were key to resolve readmission issues and facilitate the Trust's drive to enhance quality from good to outstanding.</p>	
<p>3</p>	<p>Safety</p>	
	<p>3.1 INCIDENT REPORT (Q2)</p> <p>FA introduced the report indicating the number of incidents, management of ongoing SI and trends in data. These are linked to falls, medicines management and care implementation.</p> <p>YR stated that it was pleasing to see the overall numbers of incidents increase demonstrating planned improvements in reporting culture and asked for an update on the increase in incidents recorded with major harm. FA stated that these would not all be SI and promised to update the committee in December.</p> <p>Action FA to review the increase in major harm incidents in Q2</p> <p>RS asked if it was known how the Trust benchmarked on the 2 day expectation to report SI. FA stated that the Trust was similar in terms of numbers but could not comment on benchmarking data for timeliness.</p> <p>PL asked if the Trust had considered reporting and the down grading SI. KH stated that this was an option but the downgrading of SI remained administratively difficult.</p> <p>RS thanked the team for the report.</p>	<p>FA</p>
	<p>3.2 Update on progress of improvement plans for falls management</p> <p>FA provided the report which indicated good progress but highlighted the commitment to continue to improve systems to meet Trust expectations for reducing avoidable harm.</p> <p>SB assured the committee that nursing teams and regularly reviewing issues surrounding falls and gave examples of cases where specific training was being given to staff groups, such as weekend staff on a ward. SB went onto discuss the falls clinic that had been established to work with patients with a known falls risk.</p> <p>PL stated that the report provided assurances. FA agreed stating that it was a good document that would provide the new nurse consultant a baseline understanding of Trust position.</p> <p>RS queried the national and Trust data for falls per 1000 bed days. FA confirmed that she would review and confirm national benchmark and Trust data for December.</p> <p>Action FA To review the data contained within 3.1 of the Falls Report and report on Falls per 1,000 bed days benchmarking.</p>	<p>FA</p>

	<p>The committee was assured by the report and the recent appointment of a Nurse Consultant for Patient Safety and Falls.</p>	
	<p>3.3 Shared learning from mistakes.</p> <p>FA provided a verbal update on the activity of the executive subcommittee for patient safety and its task and finish group. FA highlighted the robustness of flow of information from ward to board level and the information in reports and committee minutes.</p> <p>The committee noted strong elements of shared learning at divisional and specialty level for SI and agreed that there was work to be done to improve learning across the whole system. FA highlighted the need to improve feedback loops and the development of the new shared learning in practice tool that was being developed.</p> <p>YR highlighted ongoing issues in the staff survey regarding the availability of the feedback provided following an incident report. CP confirmed that the system was accessible and there was evidence of rich feedback being made and recorded on DATIX but that this was not yet normal activity. DN highlighted the strength of the system in WACH highlighting the extra resources for reviewing and sharing learning that are in place.</p> <p>The committee gained strong assurance from the plan to roll out a system of shared learning in practice and plans to build systems to support recording and review of issues identified post incident.</p>	
4	<p>QUALITY</p>	
	<p>4.1 QGAF report</p> <p>The committee noted the recent feedback from Deloitte's review of board quality governance and the significant improvements that been achieved since the first review.</p> <p>RS asked what the plan was to reinvigorate the board quality walks. FA stated that Lynne Sanders would be facilitating reviews in future and that a report was planned for December board. YR reflected on the loss of information and assurance that had resulted from the lack of recording of previous schemes. The committee noted the ongoing need to improve systems of shared learning and the commitment required to ensure the success of the quality walks.</p> <p>RS asked what the quality effect of the Trust's cost improvement plans was likely to be. PS stated that the month 6 reviews were likely to be considered on the 20th November. The committee discussed the importance of monitoring quality effects of cost improvement plans and requested regular updates.</p>	
	<p>4.2 Perinatal Mental Health Presentation</p> <p>Shazia Jaleel and Zara Nadim presented the report based on national benchmarking and a clinical audit regarding the maternal mental health pathway. The presentation had previously been shared with the CCGS.</p> <p>The national and Trust data presented a picture of significant difficulty and risk associated with the management of patients on the pathway. The audit benchmarked effectiveness of local pathways with national data focusing on the management of patients identified that presented a risk to themselves or others.</p>	

	<p>SJ highlighted the level of risk associated with patients on this pathway, relating to suicide and how the trust service identifies monitors and refers patients onto appropriate pathways. This is monitored through case conferences and consultant to GP communication.</p> <p>RS asked how the external pathways were being developed. ZN stated that although there was an issue, local services were developing that bridged the gap.</p> <p>PL reflected that there was no evidence of combined care pathways between the Trust and local providers and that perhaps this should be raised at CQRM. PS agreed and that the issue was with the CCGs to respond. PL indicated that she expected to see the development of joint integrated care.</p> <p>SB stated that suitable safeguards were in place but that all parties agreed these could be improved with greater cross organisational MDT activity.</p> <p>YR asked if there was a safeguarding capability at the urgent treatment center at Crawley. SJ stated that the staff were suitably trained and that this was not a concern.</p> <p>JP highlighted that the data had identified a service development need and asked that the ongoing audit be registered with the clinical effectiveness team for inclusion in future data. SJ confirmed that this would be the case.</p> <p>The committee was significantly reassured by the efforts made by Trust clinicians to manage patients safely, but went on to note the need and efforts to improve and influence external pathways with local commissioners.</p> <p>RS thanked SJ and ZN for presentation.</p>	
6	<p>ANY OTHER BUSINESS</p> <p>JP provided a breakdown of the draft CQC intelligence monitoring profile highlighting that it was possible that 3 of the 4 open risks would be removed from the profile. JP indicated that the Effectiveness committee was reviewing mortality for low risk conditions. CP questioned why the historic CAS alerts issue was no longer of consequence. JP confirmed that the CQC had reviewed the situation and no longer considered the previous issue relevant to current risk.</p> <p>RS asked the committee for any thoughts or reflections on the effectiveness of the meeting. PL commented on the quality and discussion that supported the reports. YR stated that the clinical presentation was very good and provided useful information. PS stated that the meeting had been useful and interesting.</p> <p>RS thanked everyone for attending and meeting closed at 16.00.</p>	
	<p>DATE OF NEXT MEETING</p> <p>6th November 2014 14.00 – 16.00 AD77</p>	