Surrey and Sussex NHS

Healthcare NHS Trust

Safety & Quality Committee

Thursday 4th February 2016, 14.00-16.00
AD65 Trust Headquarters, East Surrey Hospital

Minutes of Meeting

Present:		
Richard Shaw	RS	Non-Executive Director (Chair)
Alan McCarthy	AM	Chairman
Alan Hall	AH	Non-Executive Director
Fiona Allsop	FA	Chief Nurse
Adam Stacy-Clear	AS-C	Trust Responsible Officer
Ed Cetti (left 14:30)	EC	Chief of Cancer
Vicky Daley	VD	Deputy Chief Nurse
Katharine Horner	KH	Patient Safety & Risk Lead
Ben Emly	BE	Head of Information
Colin Pink	CP	Corporate Governance Manager
Natalie Broomhead (left 15:30)	NB	Clinical Lead for Elderly Medicine
Ashely Flores (left 14:30)	AF	Lead Nurse for Infection Control

Apologies:
Des Holden, Pauline Lambert, Barbara Bray, Ben Mearns, Paul Simpson, Jonathan Parr

			Action
1	**COMMITTEE BUSINESS**		
	1.1. Chair welcomed everyone to the meeting and apologies were noted. All attendees introduced themselves.		
	1.2. Minutes of the previous meeting The public and private minutes of the December meeting were formally approved.		
	1.3. Actions from previous meeting were discussed as follows **C/F 2nd April** **Bio-hazard alert** AF confirmed that the bio-hazard alert is included in the Infection Control report **C/F 1st October** **Results of the leukemia mortality audit to the reported to Clinical Effectiveness Committee** EC confirmed that the audit has been been completed. It has been discussed at the Cancer Divisional Meeting and the Clinical Effectiveness sub-committee. The audit showed no cause for concern. **C/F 5th November**		

	Data Quality Audit RS confirmed that this issue related to the accuracy of discharge data. BE reported that wards are being encouraged to maintain a real time bed state using the white boards and to avoid retrospective updates as this had led to an error rate of approximately 20%. BE confirmed that the intention is undertake another audit next quarter. Errors are being corrected real time, a note is made of corrections, therefore the expectation is that an audit will show no errors. RS asked for the audit to be reported back to SQC in May.	BE
	Outcome of audit of access to stroke beds BE confirmed that the stroke breaches for October were reviewed. He confirmed that the biggest issue is not bed availability. Three of the breaches are due to external factors, for example access to tertiary care. Five patients had presented with multiple co-morbidities where stroke was not obvious. BE informed the committee that there is now a stroke champion in ED to support staff in recognising the signs and symptoms of stroke on arrival in ED. The stroke team is leading sessions on the stroke pathway. FA reported that a stroke "deep dive" is being presented on 18th March 2016. RS requested an invitation be circulated to the non-exec directors.	KH
	C/F 8th December **Benchmarking** It was confirmed that the Benchmarking report would go to private Board.	
	1.4 Highlights from Executive Committee for Quality & Risk CP presented the report covering two meetings in January. AM queried why a review of Q2 position for CQUIN was being undertaken when it is now Q4. It was explained that the delay is due to a delay in data collection. The Executive Team had discussed activity up until end of Q3 as general actions and progress is monitored regularly FA reported that she had met East Surrey CCG with Jonathon Parr and it was a helpful meeting to understand what quality outputs from the CQUINS would give assurance that care had improved for patients, thereby triggering payment. FA flagged that meeting the sepsis CQUIN is currently a concern. FA confirmed that each CQUIN represents better care for patients. RS requested that two of the key issues highlighted by the ECQR, namely falls and VTE, be brought back to a future meeting of SQC, to provide a detailed analysis for the meeting of the challenges and management of both.	

	AH requested that the Data Quality Strategy reviews the way in which data is used within the Trust. BE confirmed that the data strategy is more aligned to the management information; the frontline impact on management information rather than the frontline impact on clinical use of data for clinical care. FA stated that ward accreditation and reporting will help clarify what the management information and data means for patients.	
	1.5 Highlights from Clinical Quality Review Meeting FA reported that there were no elevated risks from the meeting. The CCG were reminded at the meeting that they are members of the SQC meeting and welcome to attend. VD agreed that attending SQC would provide another level of assurance about SaSH services.	
2	**QUALITY PERFORMANCE**	
	2.1 Quality Report BE presented the highlights of the report. BE noted that all cancer metrics were met. The validation exercise for VTE has ensured that the target was met for December. Appraisal is currently red, but is getting better. AM asked whether patient safety is adversely affected by clinical effectiveness. BE confirmed that it has been agreed at ECQR that a piece of work would be undertaken on the correlation between metrics. AH asked for clarification around the VTE figures. BE explained the validation process.	
3	**PATIENT EXPERIENCE**	
	3.1 Q3 Complaints Report FA presented the main highlights of the complaints report and highlighted the changes in process that are being introduced over Q4. FA highlighted the number of reopened complaints as a proxy measure of the effectiveness of the complaints system. AH asked whether complainants are asked how they feel about the system. KH explained that each complainant will be sent a follow up letter a week after the response letter is sent to solicit feedback on the process. AH asked about the PALS service and the drop off in figures. FA explained that a business case for the future direction of PALS is currently being considered.	

	AM asked whether the late responses in medicine was due to complexity or process. FA explained that the medical Division had sickness which had impacted the timeliness of their responses.	
	KH explained that all complaints will be reviewed at the end of the investigation to ensure that the severity of the complaint and the category are appropriate.	
4	**SAFETY**	
	4.1 Q3 Incident Report FA presented the report. AH expressed concern that there are incidents which remain uninvestigated after such a long time. FA confirmed that this information is shared with the Divisions on a regular basis. FA gave assurance that incidents that have been graded as moderate, severe or death are automatically flagged to senior management. KH explained that incident management will be added to the dashboard as an indicator of safety culture within the Trust. FA stated that this would be added to the agenda of the next Patient Safety Meeting.	
	4.2 Q3 Adult Safeguarding Report FA presented the report and drew the committee's attention to the section on missing persons because the Trust is an outlier. The Trust is working closely with Surrey police to understand why; at this stage it is not clear whether the Trust is simply risk averse or reporting differently. AM asked about the category of physical abuse. FA explained that this includes pressure damage, skin tears through to physical violence. AH asked what the Trust obligations are, morally and legally when safeguarding concerns are raised about the community. VD asked whether the committee would like more information on the nature of the concerns or the feedback is from the investigation. FA will ask the team to include more information in future reports. AH asked about the training figures. FA explained that the training required every two years, some of which is ward based. The training needs to be tiered and perhaps delivered through different mechanisms which need not always be face to face, for example e-learning. FA noted that there is a lot of work currently taking place on the future options for mandatory and statutory training within the Trust. CP added that a report is already going to Finance and Workforce Committee which will then be taken to AAC. He emphasised that this is a compliance issue not a competency issue.	

	4.3 Q3 Children's Safeguarding report VD noted that the action plan had been supplied to the committee. She explained that there is a lot of legislation governing child safeguarding. MASH (multi agency strategic hub) being formed for Surrey and Sussex. AM noted that there is a lot to do, that a number of actions have been in progress for some time. AH asked for assurance that this was being appropriately managed. It was noted that the Safeguarding meeting had taken place since the action plan had been circulated and therefore a number of actions need to be updated. RS clarified that the next report will be a year-end report. FA gave assurance to the committee that the resource (2.2 wte) was felt to be adequate for the work being undertaken.	
	4.4 Mental Health provision VD presented her report highlighting some of the key issues and priorities for action. AM confirmed that a board level lead would be nominated. RS asked that updates come back to SQC to give assurance to the meeting that progress is being made. FA clarified that SABP provide acute assessment and intervention in the ED, where ongoing care is required the patients are managed by their local mental health trust.	
5	**QUALITY**	
	5.1 Infection control half year report AF presented the Infection Control report. Two Trust blood borne MRSA infections were reported against a target of zero; one avoidable, one unavoidable. MRSA was contracted by a neonate via a peripheral cannula. The investigation was managed through the serious incident process; an action plan is in place. The other case is a patient who was on ITU with aspiration pneumonia. It is thought that the infection got into the bloodstream, but the immune system fought it off, the organism was found to have disappeared; a subsequent blood culture was negative. The alternative would be that the original sample was contaminated. There have been 33 Trust apportioned cases of Cdiff against a target of 15. Ribotype testing has, so far, found no evidence of cross infection, therefore no evidence of an outbreak. Each case has a full root cause analysis undertaken. So far there the investigations have not found any causal factors, however there are lessons to be learnt around the management of Cdiff cases in terms of how promptly the Trust isolates cases, how promptly samples are sent for testing and how promptly treatment starts. AM asked for confirmation that the Trust is only penalised where the	

	investigation finds that there have been lapses in care, and only where the number exceed the target of 15 set by the CCG. RS summarised that of the 24 cases that have been reviewed, only two cases have been found to be due to a lapse in care within the Trust, with 9 yet to be reviewed.	
	AF explained that one lapse in care was due to an incorrect frequency on the antibiotic prescription; the other there had been a delay in following up the sample therefore it was felt that treatment could have been initiated earlier. Neither lapse caused the CDiff. AF pointed out that the lapse should only be attributed when the failing is considered to have caused the acquisition.	
	The infection control nurses put an alert on Cerner for cases of MRSA or Cdiff. Nursing staff are expected to check this because it will affect treatment options. The Infection Control team undertook a snapshot audit. There were 50 patients with a Cerner infection alert; in 10 cases clinical staff were not aware of the alert. The team has recommended that the ED Administrators take responsibility for looking up the bio-hazard alert and communicate it to the wards. AF confirmed that if all wards were using white board it would be clear to staff as the alert appears as a gold star. FA confirmed that all wards have a white board but the use of the boards varies. The places where wards have struggled to optimise the usage of the boards are those with a high turnover of patients.	
	NB described the way in which white boards are being used in Medicine to facilitate the care of patients.	
	FA suggested that the use of whiteboards and the identification of patients with an infection be discussed at the next Infection Control meeting. RS asked for the outcome of this discussion to be reported to the Executive Committee for Quality and Risk.	
	Proposed agenda for next meeting RS outlined the agenda for the next meeting. RS suggested that the Legal Services report be deferred. RS requested that ECQR review the report to ensure that it gives assurance.	
	Any other business There were no items of any other business.	
	DATE OF NEXT MEETING Thursday 3rd March 2016 14.00 – 16.00 AD77	