Surrey and Sussex NHS
Healthcare NHS Trust

Safety & Quality Committee

Thursday 5th April 2016, 14.30-16.30
AD65 Trust Headquarters, East Surrey Hospital

Minutes of Meeting

Present:		
Richard Shaw	RS	Non-Executive Director (Chair)
Alan McCarthy	AM	Chairman
Pauline Lambert	PL	Non-Executive Director
Alan Hall	AH	Non-Executive Director
Fiona Allsop	FA	Chief Nurse
Paul Simpson	PS	Finance Director
Ed Cetti	EC	Chief, Cancer Division
Katharine Horner	KH	Patient Safety & Risk Lead
Ben Emly	BE	Head of Information
Colin Pink	CP	Corporate Governance Manager
Sue Moody	SM	Clinical Quality Manager Horsham and Mid Sussex CCG
Denise Newman	DN	Risk & Governance Manager for WaCH
Apologies:		
Des Holden, Barbara Bray, Angela Stevenson, Ben Mearns, Zara Nadim		

		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 minutes of the last meeting were accepted as an accurate record.	
	1.3. Actions from previous meeting were discussed as follows **C/F 1st October** BE confirmed that audit of emergency readmissions had been completed for Medicine, and that the Surgical audit was in progress but had not been completed. This will be pulled into a report for submission to ECQR and then brought to SQC in May. **C/F 3rd March** Breaking the Cycle has been deferred to May because Angela Stevenson could not be present.	
	1.4 Highlights from Executive Committee for Quality & Risk CP presented the summary report. It was noted that the report contained the wrong date; 23rd February	

for the last meeting should read 23rd March.

AH asked whether there is any impact from the reablement unit. BE explained that the number of Surrey patients being discharged is largely the same, therefore the flow out is not faster. However it has given 20 additional beds and therefore the situation would be far worse. BE felt that the supportive structures are not yet in place; it has only been live for two months. BE noted that the Trust is currently running the unit but that it is out to procurement. It might be more appropriate to wait until the permanent team is in place and a permanent model is embedded.

AM commented that the environment of the reablement unit has improved the management of the cohort of the medically fit for discharge patients being cared for.

PL asked about the refurbishment of the wards The Ward Improvement group exists to review requests from the ward, allocate budget and prioritise the work. Money for the coming year has been allocated, with a small amount retained for additional projects identified during the year. Estates are now organising the work.

PL asked for some assurance around the cleaning standards on the wards as it is not included in the matron's audit. FA explained that Ashley Flores, Infection Control Lead Nurse, has undertaken a review and has made some recommendations about areas that may need to be enhanced particularly around patients with an infection or diarrhea. This is being considered. The Divisional Chief Nurse for Surgery is meeting with cleaning team to review cleaning plan for the rest of the year to ensure that it is appropriate. Finally a PLACE audit is due to take place at the beginning of audit. In summary all these factors will provide the basis for improvements over the coming year.

PL asked whether the volume of ambulances is having any impact on the quality of care within the ED. FA described the additional measures being taken by the Matron for ED in times of peak attendance, these include:

- A new minors area in ED which can be used to assess patients from ambulances so they can be unloaded more quickly.
- A second triage nurse
- A second nurse-in-charge to clinically review and support the patients still under the care of the ambulance crews

PL asked about the impact of the additional activity on staff. FA agreed that high activity can be hard on staff. It is important that the senior team are visible, supportive and listening to the concerns of staff. Additional nursing staff have been booked to ensure the safety of patients and provide support to substantive staff. Staff are encouraged to take responsibility for their own welfare; regular breaks

	etc. The number of meetings has been reduced to enable staff to focus on ward care and managing ED. While the staff survey shows that staff are happy to work at the Trust, the senior team remain sensitive to the pressure that they are under. CP added that the Workforce Committee has reconvened the Wellbeing Group who are monitoring the situation and will report back to the Workforce Committee. AH asked what the impact is of Trust staff working additional bank shifts. FA stated that the Trust position is that for full time nurses it is reasonable to allow one additional shift unless the member of staff is on annual leave. However it is not possible to monitor work undertaken by Trust staff at other organisations. However, matrons and ward managers do monitor the situation. RS stated that he had attended the stroke deep dive and one of the issues that was identified was the capacity of diagnostics and that it could take three days for a scan. It was agreed that the committee should get some feedback on the resolution to this problem. EC noted that a number of discussions are currently underway relating to stroke diagnostics and that a stroke network meeting is taking place this week at St Georges to discuss imaging. EC agreed to feedback to the committee on the outcome of this meeting.	EC
	1.5 Highlights from Clinical Quality Review Meeting PS presented the paper. It was noted that FA has been invited, with other clinicians, by East Surrey CCG to discuss stroke management and performance within the Trust. The Trust is waiting for a date. AH asked who attends the CQRG. PS explained that Paul Vincent, a Sussex GP chairs the meeting and it is attended by Horsham and Mid-Sussex CCG and East Surrey CCG. There was a short discussion on the content of the meeting and how assurance can be provided to the CCGs by the Trust. PS noted that the Transformation Board that has been established with East Surrey CCG, council is pro-actively addressing issues such as urgent care. It meets frequently so there are fewer issues as a result. The Trust does not have the same level of dialogue with the Sussex agencies. PL wanted to more fully understand the comments in the report about discharge summaries and communication with GPs. PS explained that a GP from East Surrey had attended the meeting and that she had raised a number of problems with discharge summaries and what they were (or were not) saying. The Trust has asked for some specific examples to investigate.	

2	**QUALITY PERFORMANCE**	
	2.1 Quality Report RS asked for questions on the Quality Report. PL asked about 3 MSSA incidents, the non-antibiotic resistant version of MRSA. CP replied that it is tracked because it is interesting and that the Trust needs to keep the rate under surveillance. AM made the comment that the report has already been seen at the board, which shapes how SQC reviews the report. The committee needs to decide how the information will be discussed. RS agreed that a discussion would take place outside of the meeting. AM noted that RTT is slowly getting worse. He acknowledged that the Trust is meeting the national metric but not the two non-national metrics; he would like to understand what this means for patients. RS agreed that this could be included in a future meeting. PL asked whether the management of complaints would be discussed soon, KH confirmed that it would be on the agenda of the next meeting. AH asked about MRD. PS confirmed that the MRD figure has not reduced, it is not clear whether this is because of onward placements or increased demand, so this is under analysis. In addition there is some debate about the definition of MRD. The current position is that this decision is being challenged which does not help the process.	KH
4	**SAFETY**	
	4.1 VTE presentation BE introduced the papers that have been submitted by each of the Divisions and gave a short précis of the performance target and the challenges that it presents. EC explained that the risk assessment determines whether a patient has an increased risk of acquiring a blood clot which could cause serious complications. They are assessed against a list of known risk factors, including age, mobility, clinical conditions for example infection, cancer. In addition the patient will be risk assessed against their risk of bleeding. The combination of risk assessments then indicates whether the patient should be given stockings, Clexane, no action etc. FA confirmed that in some areas the risk assessments can be carried out by nursing staff but they are not able to prescribe the medication. BE explained that inpatients and day cases are included in the figures. While the patient may not be hospital for long they might be immobile when they return home.	

	AM asked why and where the failures in compliance are occurring. BE explained that the Trust systems are not helpful in recording the risk assessment. PS confirmed that the failure to meet the target is a source of concern to the Trust hence the Deep Dive at ECQR, as a consequence there is focus on the action plan of the surgical division. RS asked whether it is possible to determine how many deaths have occurred as a result. of failures in the VTE risk assessment process. KH responded that it was not. FA confirmed that the VTE nurse will do a RCA as soon as the Trust is aware that a PE has developed while a patient is in the care of the Trust. PL asked whether compliance is linked to the changeover of junior doctors. EC agreed that there is a heavy reliance on junior doctors to complete the assessment as part of the clerking procedure. FA confirmed that recording this risk assessment is the difficulty, the actual care of the patients is clinically appropriate, prophylaxis is being prescribed. PS confirmed that there is no evidence that the Trust has an issue with the appropriate clinical management of the VTE risk, it is purely an issue of recording the action taken. CP highlighted three key changes that will improve the situation 1. Move the recording of data into Cerner 2. VTE action will be put back into the audit programme 3. Electronic prescribing can force the prescribing of prophylaxis or stockings RS summarised the discussion. It was agreed that the work presented gives some reassurance that VTE is being reviewed. However, the committee would like a further review of the measures being taken to give full assurance that VTE is being managed appropriately. RS asked for a clear summary of the second part of the VTE deep dive which is due to take place in May.	CP
5	**QUALITY**	
	5.1 Cancer Division Annual Report to SQC EC presented a summary of the work of the Cancer Division and the areas of challenge. RS asked why the 62 day target is more difficult to achieve than the two week wait target. EC explained that issues affecting the two week wait target are generally limited to demand and capacity issues relating to clinic slots. The 62 day target is affected by a range of interventions that may be necessary for each patient (scan, biopsy, and further scan, referral to tertiary centre for treatment or diagnostic test). EC highlighted that in 14/15 the Division was dealing with 1,100 referrals per month in 15/16 this has increased to 1,500 per month.	

	AM asked how much of the increase is growth in market share or activity. EC replied that the increase is due to primary care practice and the fact that more cancers are being diagnosed. The increase is same nationally. Cancer awareness is increasing among the population, through primary care education and NICE guidance. AM asked whether commissioners are planning for the same forecasted increase in activity. PS informed the committee that the Trust has not yet agreed an effective indicative activity plan in respect of this activity with both commissioners. The Trust and Commissioners are required to agree a local tariff in respect of Cancer MDTs, because traditional OP/IP tariffs are not appropriate to the pathways. The committee discussed the issue of regional cancer centres. EC reported that the relationship with the local cancer at Guildford can be strained due to the pressure of activity. The Radiology arrangements work well but the chemo can be problematic. PS stated that part of the problem was the unfair national pricing arrangements which paid only 70% of the growth. EC felt that it would be preferable to provide as much treatment as possible within the Trust as this provides the best patient experience. This is dependent on expanding the space, clinicians and pharmacists available within the Trust. AH asked why, on service line reporting, the Cancer Division appears to make a loss. PS replied that the service line report does not give an accurate picture because cancer treatment spreads across so many specialties. EC explained that Cancer services make a profit, however radiology makes a loss but this is being worked on. It was noted that the change in 70% tariff may make a difference. PS noted that oncology is small, £2.7 million, and makes a positive contribution of 2.3%. BE noted that the services of oncologists are bought in. EC confirmed that the technical difficulties of Cerner and PACS have been overcome. The department is working hard to overcome the organisational difficulties of the past. PL asked about the equipment plan PS confirmed that a managed service business case is currently being worked on. It represents a significant financial outlay. RS asked about the challenge of the 62 day target, and whether a VMI approach would be supportive. EC agreed that it would. RS thanked EC for his presentation.	
	5.2 Q3 update on Trust Audit plan It was agreed by the committee that the concerns being raised about the completion of audits would be better addressed with DH and JP in attendance at the meeting.	

	5.3 Q3 CQUIN update PS explained that at Q3 the Trust had high performance delivery. RS asked whether the committee should be concerned by the sepsis performance. EC explained that a sepsis group is in place chaired by DH coupled with a new sepsis pathway. PS commented that CQUINs form a key part of the Trust Quality Strategy. SM explained that she will be visiting the Trust on behalf of the CCGs to get assurance on the measures currently in place to manage sepsis within the Trust.	
	5.4 Data Quality Strategy update BE confirmed he was in the process of drafting an annual report which will go to ECQR. The data quality strategy set out the data standards and structures the recommendation is that they don't need to change. Workplace for 2015/16 included the following key work streams: 1. CQUIN ED diagnosis 2. Good real time data for quality improvement. It had been hoped that the whiteboard project would achieve greater visibility over admissions and discharges. This has has not yet been achieved and will rollover into 16/17. 3. Structures and data quality leads will also roll over into 16/17. In summary the real focus has been good date for quality improvement this will be tied to VMI.	
	6.1 Any other business PL asked about Opportunity Walks. FA explained that a timetable for the coming year will be presented at the next Trust Board meeting.	
	6.2 Proposed agenda for next meeting	
	Any other business There were no items of any other business.	
	DATE OF NEXT MEETING Thursday 5th May 2016 14.00 – 16.00 AD77	