Surrey and Sussex NHS
Healthcare NHS Trust

Safety & Quality Committee

Thursday 7th July 2016, 14.00-16.00
AD65 Trust Headquarters, East Surrey Hospital

Minutes of Meeting

Present:		
Richard Shaw	RS	Non-Executive Director (Chair)
Alan Hall	AH	Non-Executive Director
Fiona Allsop	FA	Chief Nurse
Paul Simpson	PS	Finance Director
Ben Mearns	BM	Chief, Medical Division
Zara Nadim	ZN	Chief, WaCH
Vicky Daley	VD	Deputy Chief Nurse
Katharine Horner	KH	Patient Safety & Risk Lead
Jonathon Parr	JP	Clinical Governance Compliance Manager
Colin Pink	CP	Corporate Governance Manager
Ben Emly	BE	Head of Information
Sue Moody	SM	Clinical Quality Manager Horsham and Mid Sussex CCG
Csaba Dioszeghy	CD	ED Consultant
Suzanne Robinson	SR	Surgical Risk and Governance Manager
Jamie Moore	JM	Surgical Chief Nurse
Natalie Blundell	NB	Surgical F1
Apologies:		
Pauline Lambert, Des Holden, Angela Stevenson, Alan McCarthy, Barbara Bray, Ed Cetti		

		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 Log and matters arising **C/F 4th February 2016** Data Quality Audit - on the agenda (1.3.1) **C/F 3rd March 2016** Both items on the action log will be taken to the Board. To be removed from the action log.	

	C/F 5th April 2016 Explanation of the RTT targets to be included as a 20 minute item in the Quality section of the agenda in September. **C/F 5th May 2016** **Paper on the potential link between activity and patient safety issues** – on the agenda (3.1) **Has there been a change in the criteria applied to upheld or not upheld in PALS?** FA reported that there has not been a change in criteria applied to cases to determine whether they are upheld or not. There has been a steady increasing trend in activity. **Paper to update the committee on the 2015/16 audit position** – on the agenda (1.3.2) KH reported an update from Ashley Flores, Lead Infection Control Nurse. The Infection Control Bio Hazard alert on Cerner now appears as a pop up to alert staff and details the nature of the alert. This had been discussed at a previous meeting.	BE
	1.3.1. Update on the Data Quality (Date of death) audit BE explained that the accuracy of date of death recording is routinely audited. He presented data that showed that the accuracy is static; 24% were recorded wrong, principally the day after the date of death when compared to the mortuary records. The data is corrected and resubmitted to SUS on a regular basis so that the HMSR is accurate. Work continues with the Divisions to reinforce the importance of a live bed state. A number of the wards now have patient focus boards which will hopefully drive some improvement. Following a short discussion BE undertook to revisit the possibility with IT of importing the data held in the mortuary system into Cerner. It was noted that the issues and solutions identified remain the same.	BE
	1.3.2. Update on the 2015/16 audit position JP reported that the Clinical Effectiveness Committee did not meet in June because it could not be quorate. The Chiefs have been asked to supply the reasons and evidence why proposed audits for 15/16 did not go ahead. The report will be taken at Clinical Effectiveness in July and can be included on the agenda for the August meeting of SQC, along with the Q1 16/17 report.	JP
	1.4. Highlights from Executive Committee for Quality & Risk CP presented a short summary of the ECQR meeting in June. RS asked why there was only one meeting in June. CP explained that DH has been chairing a series of meeting around how ED works, the ECQR time slot was used to allow further discussion with the Divisions. AH asked for clarification on the progress on VTE compliance. BM explained that VTE assessment has been transitioning from the Patient Tracking System (PTS) into Powerchart, part of Cerner. The systems have been working in parallel to allow the junior doctor's time to assess and develop the form to an acceptable point that it can be made mandatory. PTS has now been disabled and all VTE assessment is being done in Powerchart. A mandatory screen pops up on Cerner four	

	hours after admission. BM warned that VTE performance may dip but performance is expected to improve from week commencing 11th July. AH expressed concern about the CQUIN for flu vaccinations. BM explained that the target is that 75% of staff must have had the vaccination or choose not to have it. The Trust remains committed to ensuring that as many staff as possible have the vaccine for the protection of patients and colleagues. RS requested an update on the progress of discussions with Guildford about the management of the 62 day target.	EC
	1.5. Highlights from Clinical Quality Review Meeting PS presented his report. The main issues discussed were: • Emergency activity which continues to increase. • significant increases from the south of the region in terms of elective work, the issue being that it is not planned AH requested that the report include the names of those invited to the meeting and those who attended. AH would like to assess how well the meeting is utilised.	BE/PS
2 QUALITY PERFORMANCE		
	2.1 Quality Report Due to pressure of time, RS suggested that the report was noted. The committee agreed.	
	2.2 SQC Annual report to the Board RS introduced the report and asked the committee to review section six and indicate whether it accurately reflected the challenge for the committee. AH asked that the challenge for the Trust in the revised healthcare system (STP) be reflected in the report. RS agreed that if the STP is going to work then there are implications for the healthcare system and the way that the Trust operates. This may result in new priorities for the Trust or SASH may be asked to play a new role which may impact quality or safety. It was agreed that this should be reflected as a forward challenge for 2016/17 FA asked that safeguarding, stroke and fractured NOF be added to the list as a key area of focus. With those changes the committee agreed that the report should be submitted to the Board.	
3 SAFETY		
	3.1 March review of activity and safety CP presented a report prepared by the Virtual Team which looked at the activity in March and whether it had impacted on the safety of patients. The team reviewed the available data and tested a number of hypotheses one being that when the Trust gets busy it might be expected that patient experience would be compromised and following that, it might impact on patient safety. CP explained to the committee	

	that it became apparent early in the process that there was no single indicator for "busyness", BE's team devised a pressure index which is a composite of a number of indicators. It showed that although March was busy, activity peaked in February. The reported incidents in February and March could not be attributed solely to increased activity. Mortality data released for March was very encouraging. It became apparent that complaints were not a useful indicator due to the potential time lag between an adverse event and the complaints being made. The Your Care Matters score demonstrated a drop in satisfaction during this period. Workforce data showed high sickness in February. In summary the data showed that the patient and staff experience in February and March dipped, but that patient safety was not compromised. There is still more analysis to be undertaken. RS asked for some additional issues to be considered: • Is any evidence that patient's whose operations are cancelled come to harm? • MRFD - is there any evidence that the patients come to harm because they have not had a timely discharge? • Is there any national research on this subject? • Is there any evidence that high usage of locums in periods of high activity impact patient safety? FA confirmed that patients will decompensate the longer they stay in hospital. KH confirmed that this data is available for falls.	Virtual team
	3.2 Deep dive diagnostics – Emergency Department Report CD presented a summary of the issues faced by the Emergency Department when managing diagnostics for patients. RS commented that the rapid flow of patients through the department enhances the challenges for the ED team. ED is a one stop shop, the aim of the team is to make a decision regarding on-going care, not necessarily a diagnosis. Although diagnostics are ordered they are not always incorporated by ED clinicians in their decision making. The range of diagnostic tests is limited by the maximum stay in the department for most patients of four hours: ECG, blood tests, x-ray, CT or ultrasound. The tests need to be ordered, completed and evaluated within 4 hours. CD explained that for efficiency purposes ECGs are ordered early in the patient's pathway. Bloods are requested as soon as possible, x-ray and CT are requested following clinical review. Triage and Rapid Assessment and Treatment (RATS) (both nurse led) will request bloods and perform ECGs. Strict guidelines govern which blood tests are requested for different presenting symptoms, the decision to do an ECG is based on the experience of the triaging nurse. The ED doctors will ask for further diagnostics, ultrasounds/CT scans after discussion with their senior colleagues. Specialist teams providing reviews in ED will also request diagnostics.	

ECG based on presenting complaint and history of the patient, this is not governed by a guideline. Far too many ECGs are undertaken. Audit shows that the accuracy of ECG interpretation is good.

Bloods are requested at triage according to guidelines and they are normally available when the doctor undertakes his assessment. Blood test reviews are normally prompt. SM asked how much point of care testing is done. CD replied that this is work in progress. Arterial blood gas, lactate and urine tests are done at the point of care. Blood ketones and blood glucose will be available soon but the rest is done in the lab. Issues:

- The type of test is governed by the perceived complaint, which can provide clinicians with red-herring results, which then need to be acted upon. CD gave the example of troponin levels being assessed for a patient who mentions chest pain.
- Over processing.
- It is estimated that 10-15% of blood results are handed over to the admitting team. There is no system to ensure that the admitting team have either seen or acted upon the results. BM added that as part of the admitting process all outstanding blood tests should be checked.
- A small minority of blood results will not be available by the time the patient is discharged (for example thyroid function) the GP is asked to check the results on the discharge summary.
- If pathology finds a worrying or potentially life threatening result they will call the doctor's office. CD described a serious incident caused by a delay in actioning this advice.
- Collecting and transferring the sample to the lab can be unpredictable using the tube system.
- Approximately 15% of blood samples are haemolysed (spoiled) in the lab which necessitates new bloods to be taken, incurring a delay in the patient pathway. FA asked where the problem with the tube system has been escalated and discussed.

Microbiology
There is no failsafe system for microbiology results. This cohort of patients is likely to be admitted, but if they are discharged from ED a request to follow up the results is included on the discharge summary. If the microbiology team identify a significant result then the ED doctor is informed and the results are actioned. This is infrequent; three times in six months. BM added that the microbiologists will take ownership of a significant or unusual infection, but a MSU with an e-coli, a routine finding is more vulnerable to the system.

CD described an incident where there was a delay in actioning a finding of hybridkaelemia. (1:11) As a consequence it was requested that results are phoned through to the nurse in charge's desk (always staffed, computer available for identification of patient and clinician, tannoy to summon the doctor). The success of this approach has been variable.

	CD acknowledged that GPs have expressed concern about having to review results at the request of ED. CD gave assurance that this is kept to a minimum, but that sometimes it cannot be avoided. BM confirmed that this an unresolved question which needs to be agreed with the CCG. The BMA stipulate that the doctor who requests the tests should review the results however, in an integrated healthcare system where the GP is part of the patient's pathway this is less clear. X-rays - There are a small number of guidelines which indicate that an x-ray can be requested at triage, for example suspected fractured neck of femur, but most are questions after clinical assessment. They are hot reported by the ED doctor for decision making, all will then be reported within a few days by a Radiologist. The radiology report will be sent to the consultant who is on-call that day, so the consultant who receives the report may not have seen the patient. The report is checked is in line with the clinical outcome for the patient, if not the consultant will take action. CT scans - Are always requested by a doctor, according to guidelines following a discussion with the senior clinician. Renal stones CT have a streamlined system, which are again hot reported with a radiology report following. All other CT scans are reported within an hour by radiology. CD acknowledged that there may be too many head and neck CTs because the guideline is cautious following some incidents in which neck fractures were missed. This will be the subject of a forthcoming audit. Some CTs need to be agreed with a radiologist first because there is no Trust guideline in place. Out of hours CTs are agreed with and reported by Medica, this can be time consuming. Ultrasounds - These are infrequent because of the availability of slots. The team is moving towards bedside ultrasounds performed by the ED team. CD informed the committee that national figures indicate that 2% of the fractures presenting to ED will be missed. They are usually not clinically significant, but all incidents are reviewed. CD also highlighted instances where reviewing specialties order tests under the ED consultant's name, sometimes without his/her knowledge. This can present challenges when the results come back. BM assured the committee that the incidents highlighted by CD have all been investigated and actions put in place to reduce the likelihood of repeat incidents. He reiterated that results are only phoned through for abnormal results, this is in addition to the normal process of reporting results which all clinicians should be checking. RS thanked CD for his presentation and for highlighting a number of instances where the process can be improved. The plan is for the issues to be addressed through ECQR. PS suggested that the Division review the issue of the pneumatic tube failure and the phoning through of results within their Divisional Governance meeting.	BM
4 SAFETY		

	4.1 Medicine Division Annual Report to SQC BM gave a short presentation on the highlights of the past year and the upcoming challenges. He explained that the Division has created business cases for service improvements prioritising issues identified through risk assessment and complaints. RS asked about Outpatients BM explained that as a structure and process it sits within Surgery, however the activity is incorporated within Medicine plans which have all been reviewed as part of the business planning process. Endocrinology and rheumatology are developing their services as a consequent. Cardiology has encountered problems meeting demand, so Care for Elderly consultants are now taking a number of the referrals for patients over 85 years old to improve access. BM provided assurance that complaints relating to outpatients are resolved by working with surgery. The Trust has identified outpatients as an area which will benefit from the VMI work. However, BM confirmed that the Division has struggled to meet demand, but that the Division is aware and planning. PS confirmed that the business planning process has been changed and that the next step will be to bring it forward to before Christmas. This will allow plans to be in place before the beginning of the financial year. PS confirmed that in the performance review process, Medicine was able to give significant assurance which is underpinned by the performance indicators. RS asked what kept BM awake at night, BM denied sleepless nights, however indicated that he would like to have the stroke strategy confirmed. He also reported that he was looking forward to the challenge of meeting a seven day service. RS asked whether length of stay was under control. BM explained that by addressing some of the smaller issues for example, continuing health care and rapid acute care, length of stay will benefit from the system redesign. RS thanked BM for an interesting and thorough presentation.	
	4.2 Audit outcome: Obtaining consent NB presented an audit undertaken in Surgery with Barbara Bray while she was working as an F1 at the Trust. It was undertaken in July 2015. The audit found: • Around 10% of consent forms are not fully legible • 16% emergency/CEPOD and 13% elective procedure forms have abbreviations • Emergency/CEPOD forms are filled in worse than elective procedure forms • Over half of the patients having elective procedures have not had the opportunity to reflect on the information on their consent form ZN noted that patients are often given information on their procedures as part of the outpatient preparation process.	

	As a consequence of the audit BB has completed mandatory training for all medical staff. Staff in POPPA no longer accept patients with incomplete forms. They complete an incident form for each. This work will be continued as an element of the compulsory notes audit. The use of KH asked how many patients are returned to the ward where there is insufficient paperwork. SR informed the committee that it is about three per month. FA noted that it would be interesting to undertake a piece of work around patient understanding of the risks and benefits of surgery.	
	5.1 Any other business No items raised.	
	5.2 Proposed agenda for next meeting JP noted that CQC intelligence monitoring has now stopped; therefore it will be removed from the agenda. A new system is being piloted, the output of which is not expected for all Trusts until Q3.	
	DATE OF NEXT MEETING Thursday 4th August 2016 14.00 – 16.00 AD65	