

Safety & Quality Committee

Thursday 1st September 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	Trust Chairman
Pauline Lambert	PL	Non-Executive Director
Fiona Allsop	FA	Chief Nurse
Paul Simpson	PS	Finance Director
Ed Cetti	EC	Chief, Cancer Services & pp Medical Director
Zara Nadim	ZN	Chief, WaCH
Colin Pink	CP	Corporate Governance Manager
Ben Emly	BE	Head of Information
Ashley Flores	AF	Nurse Consultant, Infection Control
Alison James	AJ	Assistant Director, Medicine
Nick Roberts	NR	Patient Safety Administrator
Apologies:		
Alan Hall, Des Holden, Angela Stevenson, Barbara Bray, Ben Mearns, Jonathan Parr, Katharine Horner, Kim Rayment, Victoria Daley, Michelle Cudjoe, Mark Preston, Sue Moody,		

	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 5th May 2016 Clinical effectiveness 2015/16 audit position - see September update below Summary of the review of March stillbirths – on the agenda (5.4) C/F 4th August 2016 Update to the committee on the challenge of meeting the new 38 day referral protocol to Guildford – EC provided verbal update as requested, indicating that new criteria for breaching in referral with national cancer targets are to take effect within the next six months. If as an acute trust we refer to Cancer Centre within 38 days then we have compliance. EC added that we now have more effective	

<p>communication links with Guildford and metrics for measurement are currently being jointly considered.</p> <p>An update will be provided to the committee outlining the methodology employed by the Trust to manage, limit and investigate an MRSA outbreak - on the agenda (1.3.1)</p> <p>How many FGM risk assessments are completed within the Trust? - FA stated that there were 3 reported cases of FGM in Quarter 1.</p> <p>How many dog bites have been reported by the Trust under the Dangerous Dogs Act? - FA stated that in Q1, seven children had been seen in PED and had been subject to Trust safeguarding protocol. She added that adult cases were not similarly reportable. PS asked if we have robust systems to monitor these issues and FA responded that FGM is reported monthly and Children's Safeguarding reporting is on-going. PL expressed her concern that these two areas are appropriately monitored.</p> <p>Clear account of the end of year position for 2015/16 to be included in the Trust Audit report to be discussed at the September meeting – see May entry above. Not discussed at meeting. Left open to October.</p> <p>Inclusion of the agreed 2016/17 CQUIN milestones in the CQUIN report to be discussed at the September meeting - on the agenda (5.2)</p>	
<p>1.3.1. Update to the Committee on the actions arising from the MRSA outbreak.</p> <p>AF gave a verbal report relating to the recent MRSA outbreak on Capel Annex in which ten patients with MRSA colonization and/or infection, eight of which were attributed to ward acquisition. This outbreak, which was reported on 15th July, is the subject of a Serious Incident investigation. AF outlined the principal reasons for the outbreak as follows:</p> <ul style="list-style-type: none"> • The complex patient profile of the ward, with a mixture of medical and surgical cases with endocrine and vascular wounds. Many patients have prolonged in-patient episodes. One patient with open wound and cognitive impairment would wander and remove dressing. • Environmental factors relating to lack of side rooms and poor cleaning, especially of beds and grilles. • Issues surrounding use of bio-hazard flags on Cerner and full staff awareness of their use and implications. • The MRSA strain identified has reduced susceptibility to standard MRSA suppression tool. <p>AF went on to outline the lessons learnt and describe the action plan that was being developed. This described bedside treatment issues and cleaning and training implications.</p> <p>Following a query from PL about patient-mix, there was discussion about this known risk. AL suggested that possibly “we should have</p>	

	<p>known” when this patient mix was decided. PS raised the question of possible financial penalties as a result of the outbreak, later confirming this. PL felt that the risk resulting from the patient-mix was quite high and FA stated that at the time it was considered low. RS looked forward to the final report of this incident.</p> <p>SQC to receive update on the outcome of this MRSA outbreak SI investigation</p>	<p>KH</p>
	<p>1.4. Highlights from Executive Committee for Quality & Risk CP presented the report detailing issues raised at ECQR meetings in July. He stressed that the Head of Legal Services had presented the most recent data from NHSLA on legal cases. She is using the NHSLA Dashboard to work with Divisions. The Executive Team has indicated that they wish to be kept updated on progress and developments in this initiative.</p> <p>AM requested CQUIN update. Item on agenda at 5.2.</p> <p>CP referred to the ongoing review of mortality that the Medical director is leading. Learning is to be obtained and used, wherever possible, from each consultant-led review within three key areas. CP stated that reports from Mortality Group are received at SQC after being discussed at ECQR</p>	
	<p>1.5. Highlights from Clinical Quality Review Meeting PS and BE presented this report. The last meeting was 16th August. There were no items escalated to the Single Performance Conversation, following discussion of July 2016 performance. The areas of discussion comprised ED Performance, Access RTT and Cancer, CQUIN, Sepsis, Discharge Summaries and the Detailed Scorecard.</p>	
<p>2 QUALITY PERFORMANCE</p>		
	<p>2.1 Quality Report The July 2016 Performance Quality Review was introduced by BE who stressed that the key indicators point to “our best performance to date.” He did express concern that RTT Incompletes (which stand at 92.6%) present a challenge.</p> <p>AM welcomed the report but asked who is checking the data and how the report is being used. BE and PS assured the Chairman that triangulation is provided by divisional committees, ECQR and this committee. Divisional Performance Reviews also support. PL added that assurance is also gained by visiting the divisions. AM insisted that further assurance is required. CP replied that a high-level meeting involving MW, DH, CP, FA, KH and BE regularly takes place. This meeting discusses all red category indicators.</p> <p>RS asked if the top-five issues have changed and received assurance that although some indicators have remained red for a significant period, others such as the VTE position are close to being rectified.</p>	
	<p>2.2 RTT national and non-national metrics</p>	

	<p>BE explained how the legal rights concerning pathways were being altered. He stressed that there had been a certain element of gaming around clock-stop that the removal of financial restraints would help obviate. This has the effect of ensuring that the patient remains the focus of this process. These developments allow local policy to be more responsive to patient needs.</p> <p>BE referred to “what does good look like” slide and to “are we responsive” scorecard. RS asked if patients who wait are safe? BE referred to our frank assessments on the “Are we responsive?” card. BE was thanked for this presentation.</p>	
3 PATIENT EXPERIENCE		
4 SAFETY		
	<p>4.1 Top 20% for Safety – How do we measure this?</p> <p>BE introduced his presentation emphasizing the strategic objective to “Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers.” He added that other Trusts also improve so goal posts move and that there is a need to find a definitive way to form opinion on achievement and discuss / provide assurance on progress.</p> <p>This involves producing a benchmark report which provides quarterly quantitative position on Overall Quality as well as individual indicators. His model presentation showed many indicators in the top two quartiles. The model and presentation were welcomed by the committee as a useful way forward in the production of a responsive metric. RS thanked BM for an interesting and thorough presentation.</p> <p>When the benchmarking report has been developed and endorsed at the SQC, it should be referred to the Trust Board for final approval.</p>	<p>BE</p>
	<p>4.2 Falls – the way forward</p> <p>FA presented this report. Falls prevention has been identified as a key patient safety theme in the Trust priorities for 2016/17. Although the Trust remains below the National average of falls per 1,000 bed days the resulting level of harm is higher than the national average. The Chief Nurse commissioned the falls prevention group to scope the current position and develop a six month interim plan to enable implementation of changes to practice to reduce patient falls. This report gives an update of progress since inception of the group in June.</p> <p>The group is made up from a range of professionals, includes the clinical quality manager from our lead CCG, and aims to ensure a multidisciplinary approach and perspective to the work. The falls prevention group agreed to base their work on a number of key issues;</p> <ul style="list-style-type: none"> • learning from other Trusts that have reduced their falls rate including culture and human factors • recommendations from the National audit of inpatient falls report 2015 • recommendations and themes from Trust Patient Falls SI investigations 	

	<p>A review of the falls care bundle paperwork and development of a new draft document based on the key areas identified in the audit report as key indicators of falls has been commenced with a view to piloting on 2 surgical and 2 medical wards the week commencing the 5th September 2016.</p> <p>FA indicated that our falls paperwork is good but the culture and human factors involved in this issue, as referred to above, provide an on-going challenge, as some of our recent Serious Incidents suggest. These human factors, especially relating to patients who have, for whatever reason, include the difficulty in recognising and acting upon their limitations. FA stressed that environmental factors that contribute to falls are being assessed. She also added that a recent appointment for Nurse Consultant to lead this work has been recently made.</p> <p>The committee requested that the next Falls report includes a case study.</p>	<p>FA/KR</p>
<p>5 QUALITY</p>		
	<p>5.1 IPCAS Annual Report for 2015/16 and Annual Programme for 2016/17 AF presented this report.</p> <p><i>Clostridium difficile infection (CDI)</i> In 2015/16 the CDI target objective was set at no more than 15 Trust-apportioned cases. Of the 34 Trust-apportioned cases identified in year, 3 cases were counted towards the aggregate number of cases, on the basis of there being an identifiable lapse in Trust-delivered care. The target objective was therefore achieved in year. Management of diarrhoea has been included as a work-stream within the SASH Plus initiative in the Trust.</p> <p><i>MRSA blood stream infection (MRSA BSI)</i> In 2015/16 the MRSA target objective, as in previous years, was zero avoidable Trust-apportioned cases. Of the 2 Trust apportioned cases, both were investigated using the national PIR tool within the required timeframe of 14 days. One case was healthcare related, secondary to infection of peripheral venous cannula. Only one of these was unavoidable.</p> <p>AM asked about the statement on page 5 which describes the expansion of clinical services and estate. This statement emphasises that antibiotic stewardship and clinical microbiology expertise have increased but the core IPCAS Team establishment has not expanded. AM felt that this may be considered as a risk. FA stated that it was not, as yet, quantified.</p> <p>It was decided that the core IPCAS Team establishment issue would be reported back at October meeting.</p> <p>PL stated that she was very impressed with this report. She stressed the importance of the statement on page 8 relating to the leadership role of senior clinical leads in the incorporation of IPCAS principles and practices into the daily activity of every member of staff. AM asked</p>	<p>FA/AF</p>

	<p>how this is guaranteed and measured. He received assurance that divisional governance and audits provide this.</p> <p>RS asked about measurement of effectiveness of Antimicrobial Stewardship. A decision has been taken to incorporate elements of antimicrobial stewardship into all clinical band 6 and 7 rotations. The Lead anti-microbial pharmacist is currently managing this.</p> <p>PS asked about Surgical Site Infection Surveillance data and AF was asked to produce latest available data at the November meeting</p>	<p>AF</p>
	<p>5.2 2016/17 CQUIN targets</p> <p>PS talked to the update on the 2016/17 CQUIN programme. There was concern expressed that this had not been finally agreed with CCG at this point in the financial year. PS explained that although full agreement was imminent there had been meetings with the CCG to decide how we will deal with quarter 1 actions as we have now passed the end of that quarter. This delay will not affect our funding. He added that the administration and finance of this area of work would be taken over by the Performance team. Concern was expressed that monthly reporting of CQUINs should continue although there was no decision as to where. AM stated that quality and performance aspects of CQUINs should continue to be reported to SQC.</p> <p>BE to provide monthly progress reports on CQUIN to SQC</p>	<p>BE</p>
	<p>5.3 Q1 Audit Report</p> <p>In JP's absence, CP talked to the embedded Audit report. He drew attention to the varying levels of commencement and completion of clinical audits across the divisions throughout Q1. He added that with the switch to DATIX module which offers more robust management of the clinical audit process and referred to the explanation for this in the report. This new process will put us in a better position for monitoring compliance, especially because Chiefs and ADOs will have clearer sight of progress and the ease of reporting. RS asked what level of assurance we should draw from this position, to which CP replied "amber" the report indicates a good start to the years audit program.</p> <p>RS asked for update on the Audit report at October meeting.</p>	<p>JP</p>
	<p>5.4 Summary of the review of March stillbirths</p> <p>ZN agreed that this report will be ready for presentation to the October meeting</p>	
	<p>6.1 Any other business</p> <p>There was discussion about a report published by Public Health England (SACT 30 day mortality Report) and the subsequent national media coverage on Wednesday 31 August in which Surrey and Sussex was mentioned as an outlier in relation to mortality rates within 30 days of chemotherapy.</p>	

	<p>Within the data set reviewed, four patients were treated with Chemotherapy; one patient died within 30 days following a cardiac arrest at home. An internal senior clinical review of this patient found that this patient was treated with the right cancer drugs and the cardiac arrest was not associated with their cancer treatment. Given the small numbers of patients (four) in the study we would immediately show as an outlier if one patient died out of the total of four.</p> <p>A formal response is now being sent from Michael Wilson to the authors and cc'd to senior colleagues at NHS England to express our concern about the misleading nature of the report and to request a clarification in order to mitigate the likely anxiety this will unnecessarily cause to our patients. The briefing note has been sent to Shadow Governors.</p>	
	<p>6.2 Proposed Agenda for next meeting Not taken</p>	
	<p>DATE OF NEXT MEETING Thursday 6th October 2016 14.00 – 16.00 AD65</p>	