Surrey and Sussex NHS
Healthcare NHS Trust

Safety & Quality Committee

Thursday 6th October 2016, 14.00-16.00
AD65 Trust Headquarters, East Surrey Hospital

Minutes of Meeting

Present:		
Pauline Lambert	PL	Non-Executive Director (Acting chair)
Alan McCarthy	AM	Trust Chairman
Caroline Warner	CW	Non-Executive Director
Barbara Bray	BB	Chief, Surgery
Ben Mearns	BM	Chief, Medicine
Ed Cetti	EC	Chief, Cancer Services & pp Medical Director
Zara Nadim	ZN	Chief, WaCH
Victoria Daley	VD	Deputy Chief Nurse
Katharine Horner	KH	Patient Safety & Risk lead
Jonathan Parr	JP	Clinical Governance Compliance Manager
Colin Pink	CP	Corporate Governance Manager
Sue Moody	SM	Clinical Quality Manager, Horsham and Mid Sussex CCG
Ashley Flores	AF	Nurse Consultant, Infection Control
Apologies:		
Richard Shaw, Alan Hall, Des Holden, Fiona Allsop, Paul Simpson, Angela Stevenson, Ben Emly, Debbie Hindson		

		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 VD noted that she had not been present at the last meeting and her comments should be accredited to FA. CP noted that he had omitted to include KH and FA in the attendees of the meeting referred to in section With these changes made the minutes of the last meeting were accepted as an accurate record.	
	1.3. Actions Log and matters arising **C/F 5th May 2016** • **Summary of the review of March stillbirths** – on the agenda (5.3) • **Clinical effectiveness 2015/16 audit position** - on the agenda (5.1)	

	C/F 4th August 2016 • **Update on the Diagnostics Deep Dive –** KH confirmed that this would be discussed at the November meeting because it is going to be discussed at ECQR first. • **CQC inspections changes to be summarised in MW's report to the Board** – AM confirmed that this had been completed. • **Adult Safeguarding Report to include internal and external governance structures** – PL confirmed that the structures are within the report to be presented. **C/F 1st September 2016** • **SQC to receive an update on the outcome of the MRSA outbreak** - KH confirmed that a verbal update on MRSA infection would be presented to the meeting following the closure of the SI by the CCG. A date for this has not yet been confirmed. • **Benchmarking report to be endorsed by SQC, with final approval from the Board** – KH to get timescales from BE • **SQC to receive update on IPCAS team establishment issues** – on the agenda (1.3.1) • **BE to provide monthly progress on CQUINs to SQC** – KH confirmed that this is now a standing agenda item. JP offered to provide an update in BE's absence (agenda item 1.6)	
	1.3.1. Update on the IPCAS team establishment issue AF explained to the committee that the pharmacist support to the antibiotic stewardship team was intended to be 0.8wte but is currently 0.5wte. There are increasing operational demands on the team because of the CQUIN and the CDiff targets. AF is aware that DH has been liaising with the Chief Pharmacist but is not aware of the outcome of the discussions. Action: update from DH required at the next meeting	DH
	1.4. Highlights from Executive Committee for Quality & Risk CP presented the report highlighting the key points from the meeting of the 28th September 2016. AM asked for clarification on "the chief operating officer challenged surgical teams to remove the need to validate VTE as soon as possible." CP explained that the Chiefs of Surgery and WaCH have been tasked with removing the need to retrospectively check notes to ensure all patients have had a VTE assessment. AM for more information on the diagnostic alerts. BB explained that there have been challenges over staffing within the Endoscopy unit; requests for endoscopies have been increasing. In 2015 two nurse endoscopists were recruited to meet this activity, but both have left the Trust. In addition there has been staff sickness. The two week rule target has been consistently achieved, but at the expense routine RTT. BB confirmed that there have been no issues relating to patient safety and that a robust plan is in place to lower waiting times.	

	AM asked whether the increasing numbers of diagnostic tests was proving worthwhile in the pro-active management of patients. EC explained that NICE have requested that primary care refer patients with a 3% chance of cancer for fast track referral, it is currently 10%. So while the team will see more patients, they will not necessary identify more cancers. BB added that national screening programmes also refer more patients. EC added that all Trusts in the region are finding the diagnostic targets challenging and that it is likely there will be a change in the model of referral, an example being multi disciplinary diagnostic centres for rapid diagnostic work up. AM asked for the implications for those patients who undergo diagnostic unnecessarily. BM confirmed that there could be a longer term harm as all tests carry some risk. ZN added that she had seen a number of patients referred under the two week rule suffering extreme anxiety for a very small risk of cancer. PL asked whether there was an update on the electronic EWS system, it was confirmed that DH is leading the project but that it is in the very early stages.	
	1.5. Highlights from Clinical Quality Review Meeting Although BE was not present to provide an update, VD and SM who both attended the meeting confirmed that there were no issues of concern to escalate to the meeting.	
	1.6. CQUIN update JP confirmed that he has handed over CQUINs to BE. At the point of handover the new CQUINs had just been agreed with the CCGs. Some of the targets have been revised due to the delay in agreement. JP explained that there are three national CQUINs: • Health and Wellbeing – 75% of frontline staff to have had a flu-jab or state why they are not having it. Reduce the availability of sugar drinks within the Trust. • Sepsis target rolls over from last year; all patients to receive anti-biotics within one hour with a review within 72 hours. This has extended to patients developing sepsis following admission. **Four local CQUINs:** • Integration of technology with local partners • Motivational interviewing and patient activation measures • Systems integration measures – with local care homes • Safer care bundle	
2 QUALITY PERFORMANCE		
	2.1 Quality Report CP brought the following key points to the committee's attention: • Improvement in cancer performance • RTT continues to be a struggle and the Trust has the target it has not met the STF trajectory in month • Diagnostic alert (which has already been discussed by the committee under 1.4). • FFT has improved for ED while OP and maternity remain an issue • The top five areas of focus remain the same.	

	PL asked about the low harm hospital acquired pressure damage. VD confirmed that this is not an area of concern; there is a TVN meeting every two weeks which reviews pressure damage. KH confirmed that a brief report had been received by the TVN for the patient safety meeting which did not highlight any major concerns. PL asked about the NICE guidance compliance. JP explained that when guidance is issued the Divisions are asked to make a statement to confirm compliance, the metric on the scorecard measures the number of statements received which should not be seen as a measure of compliance. CP added that internal audit have recently review the NICE compliance system and are satisfied that it is robust.	
3 PATIENT EXPERIENCE		
4 SAFETY		
	4.1 Safeguarding report VD and JC presented the report. AM complimented VD on the revised report. AM asked for more information on the reticence of staff to complete DoLs applications. JC explained that staff are unwilling to accept that the thresholds are now lower and sometimes lack the confidence to make the application. All staff are very aware of the implications of DoLs which can lead to a degree of nervousness. The Safeguarding team make themselves available to offer advice and support and keep reinforcing the training. AM asked whether the Trust has fulfilled its responsibility by reporting incidents and what responsibility is retained by the Trust. JC explained that the Trust will pass the information on and then trusts the other teams to undertake their roles appropriately. BM noted that the threshold for a DoLs referral has been lowered which has brought most of the in-patients without capacity within scope for a referral. This impractical and has caused problems with interpretation and implementation. PL noted that culturally staff discuss cases and share information. JC confirmed that the guidelines are currently under review. SM asked how DoLs assessments are done. JC stated that last year 127 DoLs applications were made of which only a handful of assessments were undertaken. PL asked whether any departmental risk assessments are undertaken. BM gave the committee assurance that the medical division is not concerned about compliance, this was echoed by the other Divisions. AM asked what keeps VD awake at night about safeguarding. VD acknowledged that the Health Economy is more aware and more likely to raise concerns about care, there are better governance systems in place and the public are more aware of safeguarding. SM highlighted the problems of information exchange and handover	

	between services. BM highlighted the requirement to comply with the one day level 3 safeguarding training because of the resource implications. CW asked whether the Trust can tailor the training. VD confirmed that this is being reviewed. BB agreed that the resource implications are enormous; however, feedback from staff who have undergone the training has been extremely positive. PL thanked the team and noted that the report will need to go to the Board for final approval.	
5 QUALITY		
	5.1 Trust Clinical Audit Programme – end of year audit position 15/16 JP presented the report and highlighted the development of reporting following the utilisation of Datixweb to record audit activity. BB noted that monitoring audit progress is vastly improved with the new system. PL noted that the improved detail in the report and enhanced assurance. AM asked about the differing degrees of assurance. JP and BB acknowledged that this is being reviewed and developed.	
	5.2 Surgical Division Annual Report to SQC BB presented the report including the Divisional structure, 2015/16 achievements and challenges, information on risks, incidents, patient experience, audit and mortality reviews. BB completed the presentation with a summary of the quality and safety plans for 2016-18. BB noted that surgery has a shortfall in the number of junior doctors in non-training posts which is a consequence of the junior doctor contract changes. AM asked this was true across all Divisions. BM stated that the contract changes did not have a significant impact on the medicine rotas. ZN confirmed that it was a problem in WaCH. BB added that the working time directive has reduced the number of recruits from abroad. BB explained that although funding has been agreed for environmental upgrades in a number of the older wards, it has not been possible to undertake work because of the bed occupancy of the hospital. This has placed the service at increased risk of infection control incidents. Both PL and AM thanked BB for her presentation.	
	5.3 Summary of the review of March stillbirths ZN presented the NHS England initiative "Saving Babies' Lives" which is a care bundle for reducing stillbirth. There are four elements of care: 1. Reducing smoking in pregnancy 2. Risk assessment and surveillance for fetal growth 3. Raising awareness of reduced fetal movements 4. Effective detail monitoring during labour ZN demonstrated to the committee that the stillbirth rate has dropped from 3.5 per 1,000 live births to 0.56 per 1,000 live births. However, the number of inductions has increased, the number of scans has increased and the antenatal day unit is reviewing 650 women per month.	

	The resources of the unit are stretched as a consequence. It was noted that a business case is being developed for additional resources to sustain the success. PL thanked ZN for her presentation.	
	6.1 Any other business None.	
	6.2 Proposed Agenda for next meeting KH informed the committee that the November meeting is the quarterly assurance meeting. KH noted that a new assurance report format is being developed to compliment the Trust scorecard. JP noted that the CQC intelligent monitoring could be removed pending clarification of the new review process. KH informed the committee that it is anticipated that the January meeting will be shorter and more flexible to potential operational pressures. Two presentations on dementia and falls are planned.	
	DATE OF NEXT MEETING Tuesday 1st November 2016 14.00 – 16.00 AD65	