Surrey and Sussex NHS
Healthcare NHS Trust

Safety & Quality Committee

Thursday 8th December 2015, 12.00-14.00
AD77 Trust Headquarters, East Surrey Hospital

Minutes of Meeting

Present:		
Richard Shaw	RS	Non-Executive Director (Chair)
Pauline Lambert	PL	Non-Executive Director
Alan Hall	AH	Non-Executive Director
Fiona Allsop	FA	Chief Nurse
Paul Simpson	PS	Finance Director
Barbara Bray	BB	Chief of Surgery
Ben Mearns	BM	Chief of Medicine
Katharine Horner	KH	Patient Safety & Risk Lead
Ben Emly	BE	Head of Information
Colin Pink	CP	Corporate Governance Manager
Jonathan Parr	JP	Clinical Governance Compliance Manager
Cathy White	CW	Patient Experience Survey Manager
Apologies:		
Angela Stevenson, Des Holden		

		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 October and November meeting were formally approved.	
	1.3. Actions from previous meeting were discussed as follows **C/F 2nd April** **Look back paper** This information will be combined with a report which will assess the impact of each Breaking the Cycle week. It was agreed that the audit of emergency readmissions would be discussed at the February 2016 meeting. **C/F 1st October** **Review of gender bias in Trust** BE presented a short summary. There are 174 consultants in the Trust of which 64 (37%) are female. Since October 2012 53 new consultants have been appointed 25 (47%) are female. 2/5 Chiefs and 6/19 clinical leads are female.	

AS is setting up a focus group which will meet in the new year to look at key issues affecting female consultants: clinical excellence awards, maternity leave, childcare access to mentoring, and promotion.

BB noted that there are fewer female consultant surgeons 7 out of 40, and there are three departments in surgery with no women consultants (the fourth is ED).

RS asked whether this is grounds for concern, BB responded that this position reflects the national picture. The Trust is currently recruiting for lower and upper GI consultants but there have been no women applicants. In addition BB noted that surgical training is not family friendly, it is much harder to be part-time.

BM noted that AMU is 50% female consultants, but a number of women have opted to work part-time, so a straightforward review of hours might be misleading.

FA suggested that the focus group report back to the workforce sub-committee, and update to SQC in six months.

C/F 5th November
Update on VTE compliance
Taken as part of the Quality Report.

1.4 Highlights from Executive Committee for Quality & Risk
CP presented his report which covered the meeting which took place on the 25th November 2015; he noted that ECQR met once in November due to Breaking the Cycle (BTC).

AH asked what the SSNAP audit is. BM provided a short summary of the purpose of the audit and recent results which have been positive, but noted that there is continuing work to raise the score to an A or a B. AH asked how a D rating would impact a patient's care. BM summarised the issues that have adversely affected the score which the team are working to improve:
- Admission to the stroke unit in less than 4 hours
- 90% of admission on stroke unit
- Early supported discharge (working with CCG)
- Seven day therapy and consultant service
- SALT assessment (reflective of national shortage of staff)

BM notes that the team score highly for the following:
- Swallow assessment
- Early clinical review of patient
- Prompt and appropriate thrombolisation.
- CT scan within an hour

PS noted that at one stage the Trust scored a B and that the service has fallen back. BM explained that the results do fluctuate, but by addressing the access target and seven day service will ensure a more consistent result. RS asked whether the issue is bed availability, BM explained that experience had shown that this is not the case, more work is being done on timely transfer from ED.

	RS noted the discussion which had taken place at ECQR clarifying that the low VTE figures are a recording rather than a safety issue. CP explained that DH had discussed the national changes in safety data which are likely to happen in the next year. CP explained that more work would be needed to understand new metrics and how they can be monitored within the Trust. RS asked for an explanation of LOCSSIPs and NATSLIPs. CP explained that there is a national drive to ensure that any invasive procedure has a locally agreed procedure that the organisation is aware of them and is assured by them. The Steering Group is chaired by FA, only one meeting has taken place. JP noted a mistake in the report "parental mortality" should "perinatal mortality".	
	1.5 Highlights from Clinical Quality Review Meeting This meeting was held on the 17th November 2015 to review September performance. PS presented a summary of the meeting. No concerns were escalated to the Single Performance Conversation. No issues were identified by the CCG. PS noted that nothing is being escalated however East Surrey CCG have mentioned in their own quality reporting that stroke and #NOF are of concern. FA noted that there had been a site visit to review the stroke service, so it is not clear what the concerns are. PS will follow this up. PS noted concern that the Single Performance Conversation is not happening; this is a meeting at Chief Executive level. MW has escalated concerns regarding the number of times this meeting has been cancelled.	
2	**QUALITY PERFORMANCE**	
	2.1 Quality Report BE presented the highlights of the report. PL asked about the GAP Audit (Good antibiotic prescribing). BM explained that this is a review of antibiotic prescribing on every ward in the Trust. It reviews the management of the patient looking at six key factors including; whether the correct antibiotic has been prescribed (normally 100%), if there has been a review within 2 days and the duration of course. BM anticipates better control with the introduction of electronic prescribing. RS asked whether the Trust has similar rates of CDIFF to other Trusts within the region. BE explained that it has not been benchmarked but anecdotal evidence from IC team would suggest that this is true. Norovirus is less easy to monitor because it is not a notifiable condition. PS asked BE to ensure that the Cdiff figures are being accurately reported on the dashboard, BE intends to include a second indicator showing cases where a lapse in care has been identified and agreed. PL asked about the mandatory training figures. FA explained that the MAST will be re-launched in January which is expected to improve the training	

	figures. Training has been reviewed to look at different methods of delivering the training for example what can be done prior to start date and virtual training.	
3	**PATIENT EXPERIENCE**	
	3.1 Presentation: Update on the Dementia Strategy	
	SA presented his report, which highlighted some of the key successes of the dementia strategy and work yet to achieve.	
	He cited the successes as being strong nurse leadership and 1,300 staff trained on dementia awareness. The areas for improvement were highlighted as the establishment of what constitutes a dementia friendly template for a ward, training for non-clinical staff and medical staff. The establishment of a dementia strategy group and care pathways for patients with dementia and delirium.	
	RS asked FA about some of the issues and challenges raised by SA's report. FA formally noted her thanks for SA's hard work and the significant progress that has been made for this cohort of patients.	
	FA felt that the problem was that the pathways were very nursing orientated and need to incorporate some of the other professional groups within the Trust. FA welcomed that Dr Broomhead's involvement in the pathways as an key interface with clinical colleagues. FA explained that the barriers to progress can be summarised as competing priorities, but stressed that it is not a lack of will or intention.	
	PL asked about the personalised care plan. SA stated that this is connected to the Butterfly Scheme and the importance of working with family and carers to understand the person, their preferences and life experiences and to adapt care appropriately. The problem has been ensuring that staff recognise where and when applying the Butterfly Scheme would be appropriate.	
	AH commented that he found the report very balanced. He asked for more understanding on the extent or prevalence of dementia. SA explained that recently only 44% of dementia patients ever received a formal diagnosis. BM explained approximately 30-40% of inpatients have a degree of dementia or cognitive impairment. BM highlighted that dementia patients often have a longer length of stay and are no longer confined to the elderly care ward, that they access the full range of Trust services.	
	FA thanked SA for leaving a clear indication of future strategy.	
	At this point RS noted that the meeting was no longer quorate as BB left the meeting.	
	3.2 Management of FFT and Patient Feedback CW presented her report, highlighting the problem of sentiment analysis when looking to identify themes, the strategies used to feedback compliments to wards and encourage feedback from patients. CW noted the	

engagement of the ED.

RS asked for clarification on Your Care Matters (YCM) and Friends and Family Test (FFT). CW explained that YCM is the Trust bespoke survey across all pathways. The Friends and Family question is the first question on all YCM surveys, but to supplement that, FFT is done separately for inpatients, ED and maternity.

AH asked how VMI manage feedback from their patients. BM explained that soliciting patient feedback is a new strategy for them.

RS asked about the low response rates. CW commented that she felt it was leadership and process. BM added that he felt that it can be dependent on the environment, for example it is easier in a protocol driven environment like OP or ED.

PL asked what sort of response rates are being aimed for. CW replied that ED the target is 20% and in-patients is 30%. OP remains a big challenge. Texts are sent to patients with a number of appropriate exclusions. FA noted that the Trust needs to develop a clear communication strategy with patients with a Corporate identity.

RS asked whether it was time to review or refresh the strategy. CW commented that the current approach is initiative and well received. The contract for YCM is being renewed in March 2016 which might be a break point to relaunch the strategy. CP noted that the recent comments on Patient Opinion have been very positive.

PS asked whether a simple metric should be developed to capture this data, for example the number of positive comments. CW agreed to look into whether this would be possible.

FA noted that this is one of a number of feedback mechanisms.

3.3 Q2 PALS report
FA presented the Q2 report.

PL commented that she found the key themes very helpful. AH asked how sustainable the PALS service is. KH summarised a number of different models in place in other Trusts and that in 2016 NHS England intend review their own recommendations regarding PALS services within Trusts based on their observations that there is a danger that it can disenfranchise front line staff from problem solving. FA agreed that further work needs to be done to ensure that the PALS service is robust and can cope with the needs of patients.

4	SAFETY	

4.1 Safer staffing
FA presented the highlights of her paper.

PL asked about the nursing hours per patient day which FA explained would be available from the Health Roster system currently being used by the Trust.

	AH asked for the clarification on the wording in paragraph two and the double negative. It was agreed that it should read "there are no clinical areas which fell below 90%	
	4.2 Adolescent Mental Health update Deferred to February's meeting	
	4.3 Clinical Diagnosis report Deferred to February's meeting	
5	**QUALITY**	
	See private section of the agenda	
	Proposed agenda for next meeting The agenda was agreed with the caveat that an extra half hour should be added.	
	Any other business There were no items of any other business.	
	DATE OF NEXT MEETING Thursday 4th February 2016 14.00 – 16.00 AD77	