Surrey and Sussex NHS
Healthcare NHS Trust

Safety & Quality Committee

Thursday 6th July 2017, 12.00-14.00
AD77, East Surrey Hospital

Minutes of Meeting

Present:		
Richard Shaw	RS	Non-Executive Director (Chair)
Fiona Allsop	FA	Chief Nurse
Des Holden	DH	Medical Director
Pauline Lambert	PL	Non-Executive Director
Ed Cetti	EC	Chief, Cancer & Diagnostics
Victoria Daley	VD	Deputy Chief Nurse
Ben Emly	BE	Head of Performance
Colin Pink	CP	Head of Corporate Governance
Richard Brown	RB	Director of Outcomes
Paula Tucker	PT	Deputy Chief Nurse
Kim Rayment	KR	Patient Safety & Risk Facilitator
Ben Mearns	BM	Chief, Medicine
Bonnie Koo	BK	Darzi Fellow
Caroline Warner	CW	Non-Executive Director
Alan McCarthy	AMcC	Non-Executive Director
Paul Simpson	PS	Finance Director (Part Attendance)
Simon Littlefield	SL	Clinical Quality Manager, Horsham and Mid Sussex CCG
Apologies:		
Barbara Bray, Zara Nadim, Jonathan Parr, Katharine Horner		

		Action
1 COMMITTEE BUSINESS		
	1.1. Chair welcomed everyone to the meeting. Apologies were noted. Introductions were made for new attendees.	
	1.2. Minutes of the previous meeting The minutes of the last meeting (4h May 2017) that have been amended by CP were approved. The minutes of the June meeting (8th June 2017) that have been amended by CP were approved with the following changes: p.3 should read stroke pathway p.3 should read the Trusts perform p.5 should read learning from death	
	1.3. Action Log and matters arising **C/F 2nd March 2017** **Duty of Candour – Quarterly Update** This report has been carried forward from the meeting in July and will be presented in September **CQC Assurance Framework** This report has been carried forward from the meeting in July and will be presented in September	

	C/F 4th May 2017 **Assurance Report Template** CP will update the template to add a comment box for the Executive Lead to complete, the new template will be circulated prior to August meeting to enable the new template reports to be included on the August SQC agenda. **Therapies Strategy** BM believes that the strategy has already been developed, he will confirm with Sally Dando. RS suggested that Sally and colleagues, as appropriate, attend the SQC meeting in September. **C/F 1st June** All items allocated to future SQC agenda's. It was agreed that the Stroke Pathway update report will be bought forward to the September agenda.	
	1.4. Highlights from Executive Committee for Quality & Risk RS asked why both the committees had been cancelled in June. DH confirmed that the meetings were cancelled due to operational pressures but the Executive team were aware that they needed to be able to have a more considered approach to cancellation of the meetings. FA added that the Executive team realise how important it is that ECQR meet as all the sub-committees feed into that committee and CQC readiness is also being monitored through there. DH confirmed that they do have a process in place whereby key issues that required action via the committee are followed up.	
	1.5. Highlights from Clinical Quality Review Meeting BE reported that no issues were escalated to the single performance conversation. He confirmed that the performance data for April was discussed and that the CCG found it very helpful to have Louise Evans at the meeting to clarify information regarding pressure damage performance. There was discussion regarding the new DVT pathway and questions raised about the inclusion and role of some GPs particularly in the Surrey Downs CCG area. This has been passed to the Medical Division for response. The maternity deep dive was very well received. FA added that someone from the CCG is in the process of arranging an assurance visit to the maternity unit. SL confirmed that this is a follow up assurance visit after the maternity deep dive and is something that they are rolling out. PL commented that the maternity hot topic that took place the previous evening was excellent and very well attended. CW asked if there are any concerns regarding the emergency caesarean section rate as the performance remains red on the scorecard and if there are any insights or problems as there seems to be a higher number of maternity serious incidents. BE responded that some of the incidents were historic and have recently	

	come to light and some are due to changes in practice such as foetal monitoring. DH confirmed that a number of the serious incident investigations have featured staffing problems but there have been no other themes of concern raised. He added that it is timely to re-audit the caesarean section rate against the Robson classification system as it is about 2 years ago since that was last done. One conclusion previously was regarding breach presentation, other neighbouring Trusts had specialist clinicians who applied interventions to turn the baby but our Trust did not have this option. He assured the committee that the division does look at the issues. RS requested that the completed re-audit report should come to SQC in October.	**DH**
	1.6. CQUIN update BE provided a verbal update stating that there had been a meeting the day before. One of the main changes to CQUIN for this year relates to sepsis, there is a push to improve all measures of the sepsis pathway which will include things like new referral, anti-microbial resistance amongst other things. AMcC asked for clarity regarding what sepsis is and how the targets relate to this. BM gave a summary which clarified that sepsis is not an infection it is the body's response to an infection. He added that there are 2 key areas for CQUIN; identifying sepsis in ED via the triage process and appropriate and early implementation of the sepsis pathway of care; and the identification and appropriate and early implementation of the sepsis pathway of care in ward areas. BM confirmed that audit work will cover some of the key areas including; identification; administration of Antibiotics within 1 hour; correct antibiotics for correct infection / patient; and patient outcomes. DH added that the CQUIN is designed to recognise sepsis and treat appropriately as national data shows avoidable death. He confirmed that part of this work is about appropriate use of antibiotics, when sepsis has been recognised antibiotics are essential within 1 hour but there are other occasions when antibiotics are used that should be reviewed and stopped sooner. AMcC thanked BM and DH for their explanation and asked that this could be part of the performance report for the board. BE confirmed that it is in the quarterly report.	
2 QUALITY PERFORMANCE		
	2.1 Quality Report BE apologised for the incorrect comment caption on page 4 of the report against the caring section. He continues that most of the discussion had taken place at the Board meeting and asked if there were any specific questions. AMcC reflected that he recently heard Pauline Philips make a statement that emergency care is the biggest patient safety risk that the NHS faces and that the debate should be re-framed to one about safety rather than performance such as 4 hour waits. He summarised key points of her speech including ambulance waiting; accessibility to emergency care; and GP streaming in A&E. He added that he knew work was being done in the Trust about GP streaming but wanted to know whether there maybe any	

	consequences to the work and whether or not we are managing the stranded patients. BM summarised the partnership work being undertaken by SASH with the GP federation to set up GP streaming in ED and the model of care envisaged for this. He added that ambulance turnaround will be reduced as ambulatory GP referrals into hospital will all go straight to the GP not ED. The ambulatory board meet weekly and are developing pathways of care. Regarding consequences he felt there may be a potential risk of more people attending as GP access maybe seen as easier. Regarding stranded patients, BM confirmed that these are monitored and the medical board look at the themes from extended lengths of stay. DH added that the Trust has done work previously around safety in ED and patients are being pulled into the right place under clinicians who are best placed to manage their care. Patients are being streamed into assessment areas such as the acute medical assessment unit rather than being left in ED. He challenged the view about ambulance turnaround saying that this assumes drop off and pick up from ED is all that ambulance crews do, which is not the case, and that there is a lack of good quality data about this theory. AMcC asked how the board can keep a governance oversight of this and the outcomes for patients. DH said this can be monitored through the 4 hour wait performance and the outcome in terms of mortality but there is little other outcome data at present although this is something that RB can help with. RB confirmed that in the past outcomes were assumed based on the measurement of a process but we cannot do that anymore as a process may create other problems and outcomes for patients. He stated that the approach now is to look at the whole system and identify what outcomes we want for patients and then think about how we measure those. RS asked that a piece of work is led by RB with input from others to establish what the whole system approach for ED is; the outcomes we want from ED; and how these will be measured. He requested that at next month's meeting (August) RB should give the committee an indication as to when the work can presented to SQC. PL asked for clarification regarding the pressure damage performance as it seems to be getting worse. FA confirmed that an action plan has been submitted externally and work is being done to reinvigorate the way pressure damage is reviewed, who does it, and how the learning is shared. She stated there does not seem to be any correlation to anything specific which has caused the decrease in performance over the last 6 months. However, review of the cases shows that some of the moisture lesions have developed into pressure damage and a high proportion of pressure damage is attributed to complex end of life care. She added that the Trust only has one tissue viability nurse and a review of the demands and work she undertakes is being completed so the care management and expertise can be more confidently shared within the	**RB**

	ward staff, as current practice is not sustainable. AMcC asked if we need more resource rather than one nurse to identify pressure damage. FA replied that the role of the tissue viability nurse is much wider than identifying pressure damage and there are things that ned to be looked at that she currently does which will free her up to use her expert clinical skills, knowledge and expertise more effectively. PL thanked FA for her update on pressure damage performance and the assurance it provided. She then asked for clarity about the VTE data. DH stated that the data capture is a problem the IT system is not triggering as it should however, the audit data is showing that VTE assessments are being completed appropriately and in a timely manner and the patient information is being given out. There appears to be a reducing trend of patients getting DVTs or PEs and the findings of the RCA incident investigations mirror this. He confirmed that the VTE nurse specialist presents to the Effectiveness Committee twice a year. RS highlighted the improved performance over the past 4 months regarding the safety thermometer data. PT confirmed that a lot of work has gone into improvements in the collection and validation of the data; it is now validated and re-validated at 3 stages. AMcC commented that the cancer access standards for urology, ENT and gynaecology are not looking good. EC confirmed that there is an on-going process in place to address this including RCAs; process reviews; pathology turnaround time; and demand and capacity. He added that the vacant posts have been filled so they are up to establishment.	
4 SAFETY		
	4.1 Update on Falls Strategy PT presented the report and asked if there were any questions. EC asked when it will be rolled out across all ward areas. PT confirmed that it was agreed to pilot on the wards that were identified as having the highest falls rate but the work has been shared across other wards as members of the falls focus group share their learning and initiatives they have introduced. She added that she is going to lead on some work on repeat fallers although confirmed that our numbers are comparable to other trusts. AMcC asked whether the level of agency or bank staff being use in areas has had an impact or demonstrated any correlation with falls. PT responded that often the agency staff have worked on the ward many times or the bank staff are staff that also work as permanent members of staff. In these cases they are familiar with the ward and the expectations and standards in place. She added that in theory it should not make a difference if they are agency staff or not as the aim is that the wards will clearly communicate the expectations to the staff, challenge when standards or expectations are not adhered to and support all staff to lead by good practice and change the culture in the ward areas. RS asked how sustainable is this work, how embedded is it with the ward leaders or does it all rely on PT. She replied that it is sustainable and it is	

	not about one person, the work is all about changing the culture and the habits and setting clear expectations and standards that all staff are happy to challenge or be challenged over. PT added that other Trusts have approached her and are interested in how they could adopt a similar process in their organisations. DH asked if PT's previous Trust in Brighton is still sustaining the low falls rate. PT confirmed that they are. RS stated that it would be good to hear from the ward managers and ward staff about the falls work and how it has been for them and share some of the new practices they have put in place. He asked the committee if they felt this would be a good idea and whether it should come to SQC or to the Board. The committee agreed that was a good idea and that it should be a presentation at the board in September.	**CP**
	4.2 Adult Safeguarding Report VD presented the report and gave an overview of the local safeguarding adult reviews. She confirmed that the process is similar to a children's safeguarding serious case review and there have only been 3 in the local area since 2013. She added that although the reviews are few in number there has been increased scrutiny on adult safeguarding services and care homes. VD confirmed that SASH have not been directly indicated in any adult reviews to date but highlighted the integral role the Trust plays in recognising where something may be a problem and raising an alert. She gave examples of a patient being admitted with multiple falls; or pressure damage or unexplained injury and added that social care is becoming more complex with people being cared for in their own homes but with multiple care delivery agencies available to provide care. BM confirmed that in his experience staff are very aware of safeguarding concerns and these are often discussed at the ward rounds and staff do report concerns. EC agreed that staff have a low threshold and report concerns but there is never any feedback and it would be good to know that the concerns raised have been acted on. PL agreed that it would be good to have a process to close the loop, staff would not necessarily need to know all the confidential details but it would be good for them to know that something has happened, or not, as a result of the concern they have raised. SL confirmed that all the alerts are reviewed and the CCG are involved in discussions at the safeguarding board but it would be difficult to give any feedback due to the confidential and often sensitive nature of the information. PL acknowledged this fact but added that she believes something could be put in place to feedback to the staff members or team raising the concern that it has been acted on and the patient is ok. RS thanked VD for her report and the assurance provided	
	5.1 Any other business AMcC shared with committee that he had recently read an article that stated chemotherapy can cause tumors and asked what the process is within the	

	Trust to check out these theories and also deal with any patients that read these and then ask their doctor about it. EC confirmed that patient do attend clinic with a range of information including things they have accessed from the internet or other sources such as social media. All clinicians will discuss any concerns or questions the patients have in relation to these. BM added that there is a robust clinical and evidence based process for all treatments and clinical practice does not change in light of one article or study.	
	5.2 Proposed Agenda for next meeting The proposed agenda for the next meeting was considered. PL asked that organ donation annual report should come to a future SQC and then a summary go to the board. She confirmed that the report is completed. RS requested that it go on the agenda for September.	
	DATE OF NEXT MEETING Thursday 3rd August 2017 12.00 – 14.00 AD77	