

Safety & Quality Committee

**Thursday 3rd August 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	DHo	Medical Director
Alan McCarthy	AMcC	Non-Executive Director, Trust Chairman
Pauline Lambert	PL	Non-Executive Director
Ed Cetti	EC	Chief, Cancer & Diagnostics
Barbara Bray	BB	Chief, Surgery
Zara Nadim	ZN	Chief, WaCH
Ben Emly	BE	Head of Performance
Colin Pink	CP	Head of Corporate Governance
Richard Brown	RB	Director of Outcomes
Victoria Daley	VD	Deputy Chief Nurse
Paula Tucker	PT	Deputy Chief Nurse
Simon Littlefield	SL	Clinical Quality Manager, Horsham and Mid Sussex CCG
Sarah Rafferty	SR	Chief of Education
Nick Roberts	NR	Patient Safety & Risk Administrator
Apologies:		
Caroline Warner, Jonathan Parr, Katharine Horner, Angela Stevenson, Ben Mearns, Paul Simpson, Karen Devanny, Kim Rayment		

	Action
1 COMMITTEE BUSINESS	
<p>1.1. Welcome Chair welcomed everyone to the meeting. Apologies were noted. Introductions were made for new attendees.</p>	
<p>1.2. Minutes of the previous meeting The minutes of the last meeting (6th July 2017) were agreed subject to an amendment by CP with the following change: p.6 - 4.2 Adult Safeguarding Report – penultimate paragraph should read “could be put in place” – final sentence.</p>	
<p>1.3. Action Log and matters arising There were no items due for August completion. However the Chairman asked for updates relating to the following -</p> <p>C/F 2nd March 2017 Duty of Candour – Quarterly Update This report will be presented in September. FA indicated that this process is being developed within divisions and receiving corporate attention. CQC Assurance Framework CP stated that this item may be replaced by a board seminar.</p> <p>C/F 4th May 2017</p>	

	<p>Therapies Strategy DHo will check progress with Sally Dando before presentation in September.</p> <p>C/F 1st June Care Homes Forum BE reported that there is a multi-agency meeting in September and that he will remind Jane Griffith about September presentation. NR will contact Jane Griffith also.</p> <p>C/F 6th July Quality Report ED Whole Systems Approach – Outcomes Report - Date for completion was decided as November 2017</p>	
	<p>1.4. Highlights from Executive Committee for Quality & Risk AMcC asked about the reduction in the annual total of Serious Incidents that are identified via the complaints process. CP explained that this is a good indication that SI reporting is working more effectively. PL re-emphasised the need to provide a range of opportunities for NEDS to visit and meet in front-line settings. AMcC asked about the number of red indicators on the recent scoreboard, and for an explanation of the statement relating to “statistical chart methodology” which CP provided by stating that the aim here is to pin-point performance that falls outside normal variation. RB added that the cross-linkage of indicators was his current focus. DHo and RW hope to report back on this at the September meeting.</p>	
	<p>1.5. Highlights from Clinical Quality Review Meeting BE reported that no issues were escalated to the single performance conversation. There was no further discussion of this item.</p>	
	<p>1.6. CQUIN update It was established that some members were unable to access certain areas of the CQUIN report that had been sent in advance of the meeting. There was discussion concerning the CQUIN for this year which relates to sepsis. PL asked what was being done currently to progress this CQUIN. BE replied that with regard to reducing the impact of serious infections by reducing antibiotic consumption per 1,000 admissions, some progress is being made. He reiterated that Carbapenems have increased by 6% compared to 2016/17 levels and Piperacillin/tazobactam is down by 75.5%. He added the rider that poor availability of some drugs was making the use of other less desirable drugs inevitable. BE referred to these actions to reduce consumption - drug chart redesign, further discussion on automatic stop for antibiotics, and the implementation of Electronic Prescribing and Medicines Administration (EPR). RS reemphasised the need to maintain focus on delivering EPR and asked about the time-table for this. FA replied that the Department of Health had allocated but not released the required funding. As a result some of the preparatory work was held-up but she expects a December 2017 roll-out. DHo added that in an acute hospital environment this process will take careful elaboration. In the interim, wards and services are appointing Sepsis</p>	

	<p>Champions from nursing and medical staff members. They have a clear focus on the use of Early Warning Scores and the Trust is careful to value the extra time and effort involved for these Champions. He added that new enhanced tools are being developed in assessment areas and ICU. BB added that there will be a summit for Champions in August.</p> <p>AMcC asked whether the Trust is on trajectory for delivering the CQUIN 1a, "Improvement of health and wellbeing of NHS staff." BE replied that although there were some aspects of Q1 performance that were not fully achieved, the CQUIN was on plan.</p> <p>AMcC asked for confirmation that we are on course to deliver Q3 milestones for CQUIN 4 Improving services for people with mental health needs who present to ED. BE replied that the coding issues are being resolved and we expect re-attendance for these patients to be gradually reduced.</p> <p>There was discussion relating to resolving the Cerner issues in implementing Emergency Care Data Set for CQUIN 8a – Promoting Proactive and Safe Discharge. It was stated that there are CCG decisions awaited concerning aligned reporting and that with a 1st October implementation date this matter takes on a degree of urgency.</p> <p>AMcC and RS thanked BE for the report and look forward to updates on these key issues.</p>	
2 QUALITY PERFORMANCE		
	<p>2.1 Quality Report</p> <p>RS asked about Falls data presented in the report. Falls per 1000 bed days data does not seem to correlate with Falls with harm data. PT stated that there is a debate about significance of the "with harm" data as the harm is often very low, such as a bruise. With assessment procedures that exceed the baseline standard we should expect these figures to be comparatively high, She added that the Falls per 1000 bed days is a more robust and reliable statistic.</p> <p>AMcC asked about the impact of open visiting. FA stated that it was in place in most ward areas, a noticeable exception being the stroke ward. She added that visiting was limited to two visitors at a time. Furthermore, she reported that it is becoming evident that as a result of open visiting there are less complaints about poor communication. SL welcomed this initiative, adding that it is helpful that visitors are able to assist with feeding at protected meal times. BB stated that there are some confidentiality issues concerning open visiting and ward rounds that are being addressed. FA stated that the Trust needs to use the good stories from Patient Opinion to show how well this initiative has been received.</p> <p>PL asked whether legal claims in Medicine are reported on at this Committee. CP replied that this is the case and there will be report coming shortly.</p> <p>RS raised a question about the use of escalation beds. DHo stated that for most days of the year – the principal exception being Xmas day – the acuity was such that these extra areas are required. RB indicated this was an important area of activity for his research. EC asked if such regular use of these additional areas was becoming the norm so that it could no longer be considered escalation. DHo replied that since many of these areas are inappropriate for relevant care they can only be treated as exceptions. These areas have significant resources, beds and staffing issues. He reassured the committee that these risks are being constantly and carefully balanced.</p> <p>AMcC pointed out that the Board had access to some quality data in the</p>	

	<p>monthly Integrated Performance Report earlier than SQC. He suggested that it would be helpful for issues raised at the Board to be referred to SQC for more in-depth discussion. This was agreed.</p> <p>RS asked for assurance about maternity space. DHo stated the associated risk is well-managed, with mitigation in place but that the 72 births that had been diverted did not represent good patient experience.</p> <p>PL referred to the Performance Alerts, specifically the neo-natal death, dementia assessment, electronic recording and reducing the risk of venous thromboembolism. There also ensued discussion of catheter-acquired UTI and VTE. PT and FA reported on the development of a more challenging approach to the Safety Thermometer. RS suggested that the distinct indicators that constitute the Safety Thermometer could helpfully be brought together on the same page of the report to facilitate the committee's overview.</p> <p>ACTION 1 - PT and BE will look to review how aspects of the Safety Thermometer, including the VTE actions, are reported.</p> <p>PL asked about the ophthalmology cluster of incidents. BB explained that although had been an issue with one treatment procedure, the cluster of incidents do not appear to be related.</p>	PT/BE
3 PATIENT EXPERIENCE		
	<p>3.1 Q1 Assurance Report – Patient Experience</p> <p>This report was presented by FA. She talked to the gaps in control in the PALS. The difficulties relate to the size of the team, bearing in mind the need to improve the time taken to enter concerns on Datix and the need to find the time for regular attendance at divisional governance.</p>	
	<p>3.2 Q1 Assurance Report – Complaints</p> <p>This report was presented by FA. She referred to the gradual decrease in complaints received by the Trust and indicated that this may be a reflection of improved communications aided by open visiting. She also stated that reopened complaints have also dropped significantly but that we still need to get better at agreeing and making deadlines.</p>	
4 SAFETY		
	<p>4.1 Assurance Report – Incidents</p> <p>This report was presented by FA. She stated that the number of serious incidents is continuing to decline but that there were still difficulties in obtaining full compliance with Duty of Candour process in the case of Moderate incidents. PL asked about the criteria for determining “Good” level of assurance for controls being in place. FA stated that some real information should be included under this heading.</p>	
	<p>4.2 Assurance Report – Children Safeguarding</p> <p>This report was presented by VD. She referred to the challenges associated with feedback from external children's services, the increase in the number of referrals, representation at meetings, staffing within team and training issues. PL reiterated the importance of good communication between stakeholders to ensure appropriate feedback. With regard to the training deficit RS asked whether there were enough venues and opportunities to deliver the training. DHo stated that we should be more concerned about appropriate training rather than full compliance and we need to look at training being fit for purpose. AMcC asked what level of compliance we are hoping to achieve and SR added that we need to take a</p>	

	<p>fresh look at which groups of staff members should be attaining the different levels of training. It was stated, in answer to AMcC's question, that the expected level of compliance for Children Safeguarding training was 85% of relevant staff.</p>	
	<p>4.3 Assurance Report – Adult Safeguarding This report was presented by VD who added that an appointment had been made, a named specialist nurse, to lead on Mental Capacity and DOLs. She also reported that updated Level 2 training is working well, in line with Inter-Collegiate guidance. It was also stated that the Trust remains on course for 100% compliance with Prevent Wrap Training by the July 2018 deadline.</p>	
	<p>4.4 Assurance Report – Falls PT presented the report and asked if there were any questions. She referred to the higher number of falls at this time of year, which was also noted last year. This anomaly is being investigated. RS noted that the committee had discussed Falls recently as a substantive agenda item.</p>	
	<p>4.5 Assurance Report – Infection Control This report was presented by DHo who reassured the members that the Trust is concentrated on this issue, with high level discussions at Board and clear focus in Patient Safety as well as ward visits by Executive members. RS asked whether we look at this issue frequently enough, in light of the challenges facing infection control. CP stated that annual reports are in place and there are regular reports to Patient Safety and Board. ACTION 2 - DHo will discuss with IPCAS team about the most appropriate way to provide an interim report for SQC at end of Q2 There was a discussion about CDiff lapses of care during which DHo stated that of the 12 cases of CDiff reported this year only 2 have been judged to represent lapse of care. A specific request was made that Non-Executive Directors be encouraged to participate in and contribute to audit programme. DHo added that the number of carriers is steadily increasing so it is incumbent upon all partners to work closely on this issue, as with the Nursing Home initiative.</p>	<p>DHo</p>
<p>5 QUALITY</p>		
	<p>5.1 Q1 Update on Trust Audit Plan This report was presented by DHo .The Chiefs of Division present all stated that they are aware of the need to ensure that all projects and actions relating to the Trust Audit Plan are carried out and that regular discussions will support this process.</p>	
	<p>5.2 Q1 Assurance Report – Mortality This report was presented by DHo who stated that there has been no evidence of the lack of appropriate care and that there is a clear focus on developing awareness of learning disability factors. He added that the ME pilot work is rewarding and serving a useful purpose for families. It does, however, require appropriate funding.</p>	
	<p>5.3 CQC Intelligent Monitoring DHo reported that the new monitoring tool “CQC Insight” is about to be issued and that it should be in place for October, with implications for the Trust being considered upon receipt.</p>	

	<p>5.4 Q1 Chief of Education's Update Report This report was presented by SR. She referred to six aspects of educational governance, highlighting the following –</p> <p><i>Strategy</i> -Adele Kendrick has now been in post for three months as Head of education, training and organisational development. Education leads meeting 19th Sept to share ideas re implementation of draft strategy within their departments.</p> <p><i>Apprenticeships</i>- Levy began accruing from April 17. Nurse associate role plans for September 10 places filled. Apprenticeship applications have revealed a need for literacy and numeracy education – bid to HEE for a pilot project to support this. Letter to Universities to trail blaze specialist pathways for ED, Cardiac and critical care nurse education as CPD funding may reduce in future. Entry level roles – salary decisions. Training provider status will be explored in the future which may help retain some of the funding in-house.</p> <p><i>Nursing</i> - New students from Portsmouth have started in May with us with a second cohort expected later in the year.</p> <p><i>University of Surrey bid for new Medical School</i>- Creating curriculum currently in liaison with the GMC. Interest shown in our SASH+ work for their vertical theme of quality improvement. Decisions re success of bid in Spring 2018.</p> <p><i>GMC survey</i> - Marginal second in overall satisfaction. Good practice areas in acute medicine. Some areas for more work e.g. FY1 & 2 in surgery. Education leadership fellow to support GMC domains from October 17 part funded by HEE.</p> <p><i>MAST training</i> Guidelines for frequency being reviewed. Quality of session also being reviewed with faculty support to offer to internal faculty initially. Steering group for MAST introduced as part of strategy. FA added that the costing implications were making progress in this area difficult. RS thanked SR for this report and commended the progress being made in providing good educational support for Trust staff and services.</p>	
	<p>5.1 Head of R&D Update This item was carried forward to the September agenda,</p>	
	<p>6.1 Any other business RS asked for a quick update from Chiefs of Division about notable developments. EC reported that the recent recruits into Radiology had settled and were productive and that Palliative Care service is now operational every day. He reported that capacity and staffing issues remain, particularly in Pathology. BB reported recent success in closing some long-term risks, including one involving call-bells. She also highlighted staff recruiting issues and how gaps were being mitigated. ZN also highlighted staffing issues, particularly concerning Brockham ward. She stated that agreement on refurbishment of NeoNatal Unit was close.</p>	
	<p>6.2 Proposed Agenda for next meeting The proposed agenda for the next meeting was considered. It was noted that the deferred Head of R&D Update report had been added.</p>	

	DATE OF NEXT MEETING Thursday 7th September 2017 12.00 – 14.00 AD77	