

**Safety & Quality Committee**

**Thursday 5 January 2017, 12.00-14.00**  
**AD77, East Surrey Hospital**

**Minutes of Meeting**

<b>Present:</b>		
Richard Shaw	RS	Non-Executive Director (Chair)
Alan Hall	AH	Non-Executive Director (by phone)
Caroline Warner	CW	Non-Executive Director
Des Holden	DH	Medical Director
Fiona Allsop	FA	Chief Nurse
Ed Cetti	EC	Chief, Cancer Services & pp Medical Director
Barbara Bray	BB	Chief, Surgery
Sarah Rafferty	SR	Chief, Education
Victoria Daley	VD	Deputy Chief Nurse
Paula Tucker	PT	Deputy Chief Nurse (Innovation and Improvement)
Katharine Horner	KH	Patient Safety & Risk lead
Colin Pink	CP	Corporate Governance Manager
Paul Simpson	PS	Finance Director
Sue Moody	SM	Clinical Quality Manager, Horsham and Mid Sussex CCG
Presenting		
Chris O'Connor	CO	Nurse Consultant
<b>Apologies:</b>		
Angela Stevenson, Zara Nadim, Pauline Lambert, Alan McCarthy, Ben Mearns, Jonathan Parr, Ben Emly		

		Action
<b>1 COMMITTEE BUSINESS</b>		
	1.1. Chair welcomed everyone to the meeting and wished everyone a happy New Year. Apologies were noted.	
	<b>1.2. Minutes of the previous meeting</b> The minutes of the last meeting were agreed as an accurate record of the meeting.	

	<p><b>1.3. Actions Log and matters arising</b></p> <p><b>C/F 7<sup>th</sup> July 2016</b></p> <ul style="list-style-type: none"> <li>• <b>Data Quality Audit (date of death) update</b> – BE not present to be rolled over to the next meeting.</li> </ul> <p><b>C/F 4<sup>th</sup> August 2016</b></p> <ul style="list-style-type: none"> <li>• <b>Diagnostic Deep Dive</b> – on agenda 1.3.1</li> <li>• <b>Children’s safeguarding report</b> – the committee agreed that this action was included in the Safeguarding Annual report presented to the committee in October 2016. Action closed.</li> </ul> <p><b>C/F 1<sup>st</sup> September 2016</b></p> <ul style="list-style-type: none"> <li>• <b>Falls case study</b> – PT included a powerful case study of “John” in her presentation at 4.1 of the agenda. Action closed.</li> </ul> <p><b>C/F 1<sup>st</sup> December 2016</b></p> <ul style="list-style-type: none"> <li>• <b>Patient experience action plan to remove references to PSE cancellations</b> – complete.</li> <li>• <b>Consider whether SASH+ reports should be reported to SQC</b> – Chairman informed the committee that an e-mail had been circulated inviting the NEDs to attend the report outs. Action closed.</li> </ul>	
	<p><b>1.3.1. Update from Diagnostics Deep Dive</b></p> <p>CP presented a report to update the committee on actions taken since the diagnostic presentations to SQC in June/July 2016.</p> <p>EC noted the current pressure on Pathology who has temporarily had its accreditation withdrawn after inspection due to pressures of work and staff vacancies. An action plan is in place. The priority is recruitment to outstanding posts and the improvement of turnaround times. AH noted that a short paper to the Board had alerted board members to some performance concerns. RS added that monthly progress reports to the Board are allowing the situation to be tracked.</p> <p>AH asked whether the report is providing assurance or amplifying the concerns. DH acknowledged that the workload is not sustainable without additional recruitment but provided assurance that BS (Bruce Stewart) is completely sighted on the importance of identifying staff with the appropriate skill set, a recruitment agent is being used. DH emphasised that the Trust is not concerned about the quality of interpretation. The issue is volume of work and turnaround times.</p> <p>DH noted that the purpose of the deep dive had been investigate whether the Trust was experiencing excessive diagnostic errors, the presentation had demonstrated that in histology and radiology there were, in fact, less. DH asked the committee to take positive assurance from the fact that where</p>	

	<p>it is possible to benchmark performance SASH is doing well and the quality of interpretation is good.</p> <p>RS asked whether the committee felt that enough was being done to ensure that diagnostics are being appropriately managed given operational pressures.</p> <p>DH confirmed that where data demonstrates concerns in performance this is addressed effectively, DH cited</p> <ul style="list-style-type: none"> <li>• sub-optimal ambulance offloading times where changes were made to the triage process to improve performance</li> <li>• sepsis screening tool - antibiotic administration has improved from 50% to 80% with the likelihood of it reaching 90% this quarter</li> </ul> <p>DH reported that there has been no evidence of any clinical consequence from a failure with the communication of adverse blood test or pathology results either internally or externally.</p> <p>CW asked whether there is a training and recruitment strategy. RS noted that this is usually discussed at the Finance and Workforce committee. DH explained that a Recruitment Agent has been used, with success, to attract candidates, from abroad, to radiology. The same approach is now being used for pathology.</p> <p>RS concluded that the committee could take assurance from the discussion and actions that had been generated as a result of the deep dive. However, the paper provides partial assurance on Pathology; the issues have been identified and an action plan has been developed to address the problems.</p>	
	<p><b>1.4. Highlights from Executive Committee for Quality &amp; Risk</b> RS asked whether there were any questions on the paper.</p> <p>RS asked whether there is anything that the Safety and Quality Committee can do to support the Trust's preparation for a future CQC inspection.</p> <p>FA explained that this is currently being worked through and NED involvement will be valued. CP explained that no organisation has yet achieved the status of outstanding in safety; the Trust will be aiming for good and above in safety. RS agreed that this could be discussed again once the Trust plans have been formulated.</p>	
	<p><b>1.5. Highlights from Clinical Quality Review Meeting</b> SM reported that there was nothing of concern to escalate to the committee.</p>	
	<p><b>1.6. CQUIN update</b> BE was not available for the meeting.</p>	
<p><b>2 QUALITY PERFORMANCE</b></p>		

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	<p><b>2.1 Quality Report</b> The sub-committee reports were not discussed at ECQR in December; the meeting did not take place due to operational pressures. Therefore a Quality Report was not produced for this meeting.</p>	
	<p><b>2.2 Winter pressures – performance update</b> DH reported that there is significant pressure on the Trust. The site team are starting each day with a considerable number of patients in ED requiring beds. It is recognised that the delay in moving patients will adversely impact the patient experience of care at SASH. No incidents have been declared as a result of the operational pressure.</p> <p>BB noted an unusual blip in the number of trauma patients. Christmas normally sees a reduction in the number of fractured neck of femur patients admitted, this year has seen an increase.</p> <p>FA added that the Trust has been heavily reliant on agency staff and a number of shifts have not been filled. While this has been managed, it has added to the pressure for staff. The average performance for ED has been 83-85% (target 95%), neighbouring Trusts have been as low as 60-70% indicating the pressure on the whole Health Economy.</p> <p>RS asked whether there has been any evidence of poorer safety. FA reported that, as yet, there has not. CW asked whether there was any specific factor driving admissions this year. EC report that there is some influenza but nothing remarkable. BB reported that there has been significant pressure on ITU beds resulting in two non-clinical transfers for beds which is unusual. DH reported that at this point in time there is no sign of the position improving.</p> <p>RS asked, on behalf of the committee, that staff be thanked for their hard work.</p>	
<b>3 PATIENT EXPERIENCE</b>		
	<p><b>3.1 Dementia – 2016 stock take</b> CO outlined his role as the Lead Nurse for Dementia; developing the strategy, reviewing and leading on training, raising the profile of dementia throughout the Trust linking with external bodies such as the Alzheimer's Society, and embedding the butterfly scheme.</p> <p>CO talked through the committee through his presentation. He explained the prevalence of dementia within the patients attending East Surrey Hospital. He described the initiatives undertaken in 2016:</p> <ul style="list-style-type: none"> <li>• Training Dementia Friends &amp; 3 day Dementia Leads Programme</li> <li>• Dementia Strategy Steering Group established</li> <li>• Pendleton Unit opened</li> </ul>	

	<ul style="list-style-type: none"> <li>• National Audit for Dementia</li> <li>• Open visiting, Carers Passport &amp; John's Campaign</li> <li>• Embedding the Butterfly scheme in outpatients &amp; preadmissions</li> </ul> <p>RS asked CO what his biggest challenge is. CO replied that it is maintaining momentum, dealing with staff turnover to ensure that a high level of awareness is maintained across the Trust.</p> <p>RS how CO would measure his success. CO explained that digital reminiscence screens have been found to reduce falls because they are diversion activity which reduces agitation. Patient and carer satisfaction scores should increase as a consequence. RS asked CO whether he could identify a number of measures that could be used to monitor progress.</p> <p>CW asked CO how the Trust works with outside agencies. CO explained that the Dementia Action Alliance has been formed to ensure continuity of care across community and acute care. CO explained how the "Reach out to me" document works and provides a resource of useful information about the patient.</p> <p>RS asked the rest of the committee to comment on the impact CO's work. FA reported that she had seen an increased confidence among staff in dealing with patients with dementia. Extending the dementia friends programme beyond clinical staff to all staff has had a positive impact within the Trust.</p> <p>RS noted that a considerable amount of work has been undertaken which has undoubtedly had a positive impact on the experience of a large number of patients. RS asked CO to pull together a series of metrics which will provide empirical evidence of these changes. CP suggested that the metrics and a baseline should be agreed at ECQR. CO will return to SQC in June 2017 to present an update including the metrics.</p>	
<b>4 SAFETY</b>		
	<p><b>4.1 Falls – 2016 stock take</b></p> <p>PT presented a patient story which illustrated some of the issues identified within the Trust relating to falls. PT then presented her report which highlighted a number of initiatives being undertaken to reduce falls within the Trust.</p> <p>Eight wards have been identified as having the highest rate of falls per 1,000 bed stay days. These wards will be the initial focus of the falls project. A target has been set in these areas to reduce the rate of inpatient falls by 20% from the baseline in 12 months.</p> <p>PT will provide senior leadership and visibility role modelling falls safe behaviours and engaging with all clinical staff to ensure ownership and</p>	

	<p>accountability. Furthermore through the teaching and implementation of an After Action Review (AAR) process where the spirit will be on learning not blame, a safe and effective learning environment will be created where staff will feel comfortable to share experiences, best practice, raise concerns or ask questions. A falls focus meeting will be established on the first Friday of every month attended by representation of the multi-disciplinary team to develop and create a shared vision and purpose relating to falls prevention.</p> <p>It was noted that the care of patients who are ready for discharge needs to be highlighted. PT explained that often patients who are told they are ready to go home believe that they should more self-sufficient. PT also highlighted the impact of ward transfers on patients and the height of chairs on the mobility of patients. The ward needs more lights for nurses at night. There are cases where falls alarms would be valuable to monitor patients who need to be a side room and can't be visualised at all times.</p> <p>AH how the process of accountability will work within the after action review process will work. PT explained that once some of the issues with the paperwork have been resolved and clarity regarding expectations has been communicated then nurses will be held accountable for their management of the patient. All wards will be invited to the Friday focus group to hear and benefit from the learning from the pilot wards.</p> <p>RS thanked PT for her presentation and asked her to come back to SQC in June 2017 to give an update on the impact of the work.</p>	
<b>5 QUALITY</b>		
	<p><b>6.1 Any other business</b> None.</p>	
	<p><b>6.2 Proposed Agenda for next meeting</b> The proposed agenda for the next meeting was approved.</p>	
	<p><b>DATE OF NEXT MEETING</b> Thursday 5<sup>th</sup> February 2017 12.00 – 14.00 AD77</p>	