

Safety & Quality Committee

Thursday 2nd February 2017, 12.00-14.00
AD77, East Surrey Hospital

Minutes of Meeting

Present:		
Richard Shaw	RS	Non-Executive Director (Chair)
Alan McCarthy	AM	Trust Chairman
Caroline Warner	CW	Non-Executive Director
Pauline Lambert	PL	Non-Executive Director
Zara Nadim	ZN	Chief, WaCH
Ben Mearns	BM	Chief, Medicine
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)
Colin Pink	CP	Head of Corporate Governance
Paul Simpson	PS	Finance Director
Jonathan Parr	JP	Clinical Governance Compliance Manager
Ruth Morley	RM	Children Safeguarding Lead
Sue Moody	SM	Clinical Quality Manager, Horsham and Mid Sussex CCG
Karen Devanny	KD	Head of Quality, East Surrey CCG
Ashley Flores	AF	IPCAS Lead
Anne Shears	AS	Head of Research
Nick Roberts	NR	Patient Safety Administrator, in attendance for notes
Apologies:		
Fiona Allsop, Angela Stevenson, Des Holden, Ed Cetti, Alan Hall, Katharine Horner, Fiona Crimmins, Ben Emly		

	Action
1 COMMITTEE BUSINESS	
1.1. Chair welcomed everyone to the meeting. Apologies were noted.	
1.2. Minutes of the previous meeting The minutes of the last meeting (5 th Jan 2017) were agreed as an accurate record of the meeting.	
1.3. Actions Log and matters arising C/F 7th July 2016 <ul style="list-style-type: none"> Data Quality Audit (date of death) update – BE not present. CP will check with BE about timing of update of this audit, when the Data Quality Team will have been able to action this 	
1.4. Highlights from Executive Committee for Quality & Risk RS asked whether there were any questions on the paper. CP briefly introduced the sub-sections. RS asked for assurance concerning work on Duty of Candour. BM mentioned that this process was owned by Divisions and was being actioned via Datix for recording. He added that consultants were having	

	<p>difficulty with the written part of the process but that good progress is being made in obtaining compliance. BB supported these comments and added that writing a letter to an inpatient who had already been spoken with did not seem natural. She outlined training organised through Capsticks and MAST. AM asked about related litigation costs which PS confirmed are rising significantly. PS added that good DoC process is likely to bring down litigation costs in the long term. RS asked if other Trusts were also struggling with this process. This was confirmed by PS and CP, who stated that this process was under constant scrutiny and audit within the Trust.</p> <p>---ACTION 1--- RS asked for an update at the March meeting of the consultation with CQC concerning proposed changes in monitoring and assessment.</p>	CP
	<p>1.5. Highlights from Clinical Quality Review Meeting PS reported that there was nothing of concern to escalate to the committee. The issue of quality of discharge summaries was raised. BM indicated that Clinicians and GPs are meeting on 9th February.</p>	
	<p>1.6. CQUIN update This item was postponed until the March meeting.</p>	
2 QUALITY PERFORMANCE		
	<p>2.1 Quality Report</p> <p>PS and BM introduced the report. There was discussion of the 1to1 Care in Labour data which had dipped last month. CW asked for clarification of the issues surrounding this. JP confirmed that this has been discussed at Clinical Effectiveness.</p> <p>---ACTION 2--- RS asked that 1 to 1 Care in Labour be reported by the April meeting.</p> <p>AM asked about actions re Falls data. PT stated this would be covered in Item 4.5</p> <p>RS asked about deterioration in Pressure Damage statistic during last six months VD stated that there was a seasonal pattern and the statistic also reflects increased acuity, co-morbidity and busy status. She added that there is a regular review of cases and learning.</p> <p>---ACTION 3--- PS asked that Pressure Damage be discussed at March meeting of Patient Safety and Clinical Risk</p> <p>PL asked about the “rudeness from staff” comment in the narrative of the Are we Caring? – Patient Comments. BB and BM gave assurance than any instances of perceived rudeness, whether in out-patients or on the ward, are taken up with doctor concerned. There is on-going challenge, feedback and learning.</p> <p>PS talked the meeting through the headline data - Performance Alerts-Quality from pages 5 and 6. He focused on bed occupancy rates and the efforts to manage discharge and the knock-on effect on carrying out elective procedures.</p>	<p>ZN</p> <p>VD</p>

	<p>PL asked about the Grade 3 Pressure Damage incident stated in the data. VD said that the case, which occurred on Tandridge, was being investigated.</p> <p>PL asked about the elevated DNA to Outpatients rate. BB stated that text reminders were being used and that OutPatients was continuing to look for ways to improve uptake. RM stated that Paeds DNAs were referred back to Community Health Vistors for follow-up. PS stated that the Executive Board and SaSH+ Workstream were also actively engaged in improving all aspects of Out-Patient Waiting List process.</p> <p>PL referred to the Cleaning Compliance for – Very High Risk areas which has dropped to 98%. PS stated that overall the cleaning picture was very encouraging despite this dip of 1%. The bar is rightly set very high but some specific lapses are difficult to ultimately resolve.</p> <p>CW referred to the issue with bleeps not working in parts of the Paeds area and was informed that there is a phone system to mitigate this problem.</p> <p>BM referred to the new drug chart which will tighten up on the medication review process while we await electronic prescribing.</p>	
3 PATIENT EXPERIENCE		
	<p>AM stated that he thought that the assurance report format was very good and was assured that the reports had been reviewed by Execs prior to this meeting. RS stated that it would be very good if there was a narrative box to indicate where the reports had been viewed and what agreed actions had been made there, along with learning and feedback. He also stated that it would be helpful if the gaps in control could be risk-assessed.</p> <p>---ACTION 4--- CP/KH to review the proforma for all assurance reports, to reflect these requests to add narrative box and risk-assessment</p>	CP/KH
	<p>3.1 Assurance Report – Patient Experience VD presented this report. There was assurance sought that issues brought to PALS and that come up in feedback are leading to learning in divisions. BM stated that there is real-time monitoring of these in divisions with appropriate actions</p>	
	<p>3.2 Assurance Report – Complaints The Committee considered the report. AM noted that good communication with complainants was being achieved, despite the problem with keeping them updated. VD stated there was still room for improvement. PS restated that the initial communication is good and that with increased staffing the backlogs in divisions are being steadily reduced. BM reported that staffing recruitment has helped considerably in this respect and BB stated that there are some involved cases which challenge the dead-lines because they often have a multi-agency dimension.</p>	
4 SAFETY		
	<p>4.2 Assurance Report – Incidents The report was discussed, AM spoke of the reduction in backlog for SI's clearance and VD referred to the need to keep focused on the non-serious incidents also. SM referred to the good quality of the output from the Trust</p>	

	and indicated that her concerns lay elsewhere. KD supported this, adding that we were selling-ourselves short on our performance.	
	<p>4.3 Assurance Report – Safeguarding Children</p> <p>RM introduced the report stating that the 32% increase in reporting and sharing with outside agencies was due principally to improved reporting. This was in turn due to increased training opportunities being taken up at Level 2 and 3 and the resulting rise in awareness. Children with two or more DNAs were resulting in a notification.</p> <p>PL asked about outcome feedback from referrals. RM explained that we do not get feedback as a matter of course, only if actions are on-going.</p>	
	<p>4.4 Assurance Report – Safeguarding Adults</p> <p>The report was considered. There was discussion of the noted “failure by wards and departments to notify the Adult Safeguarding Team of all DoLs activity leading to the potential inaccuracy of data provided to internal and external agencies”. Assurance was given by VD that despite the recent change in threshold for reporting, MAST training was on-going and meeting the challenge. It was stressed that The Trust follows the Surrey Multi Agency Procedures regarding information-sharing with our Social Care, Police and West Sussex colleagues.</p>	
	<p>4.5 Assurance Report – Falls</p> <p>PT talked of the revised falls assessment and care plan that is being trialled in February on 8 wards with a target of a twenty per cent reduction. She added that there were signs of a good response but expressed concerns about the high number of falls in ED (11 in January). PT stated that senior staff members were thoroughly supporting the process in critical areas with “comfort rounds.” It was noted that some patients fell more than once and that PT was seeking Datix amendments for logging “controlled falls.”</p>	
	<p>4.6 Assurance Report – Infection Control</p> <p>AF introduced the report. There was discussion of the gaps in control that refer to environment – fabric of wards, cleaning of wards and provision of decontamination rooms.</p> <p>RS asked if there was adequate support for the improvements needed. PS replied that the IPCAS team, ward staff and Estates were assiduously working through these issues. Although there is a current back-log of works for estates, there is a clear focus on the programme for improvement of wards. PS added that with bed-occupancy issues the need for dedicated decamp areas is heightened.</p> <p>KD asked about a time-frame for these improvements and CP stressed that the risk here is under regular scrutiny.</p> <p>PL suggested that grouping the gaps on the report might prove helpful. There followed a discussion about the high number of gaps in control. BM pointed out that this reflected the seriousness with which the issue of infection control was being taken rather than a lack of success. He added that the attention to detail of the team is such that there will always be new improvements sought.</p>	
5 QUALITY		
	<p>5.1 Trust Audit plan – Q3 update</p> <p>This was reported by JP who reported a significant improvement in the Trust</p>	

	<p>position compared with the previous year – especially in the area of improvement in audit reports, specifically the completion and quality of reports, learning from audits and the chasing-up of overdue actions. BB added that better targeting of responses was proving helpful. SR suggested that divisions have better control of the clinical audit process. The Chair congratulated the team on this report.</p>	
	<p>5.3 Assurance Report – HMSR This was introduced by JP who stated that the CQC had published, in December 2016, a review of deaths report that would be the focus of on-going work. KD raised a question about her possible membership of the relevant committee. This will be taken up outside the meeting.</p>	
	<p>5.4 CQC insight JP stated that the report is due in March but the tool has not yet been published. This item will be carried forward</p>	
	<p>5.5 Chief of Education report SM spoke to this report, referring to a number of key issues.</p> <p>The virtual division of education which brings all areas of education into one framework with the challenge of delivering multi-professional education. The formal education programs for undergraduates in eight professions and post graduate programs in three professions as well as individual postgraduate studies.</p> <p>The financial support received to cover the needs of medical and other students and to support the training and some salary costs of post graduate medical trainees.</p> <p>The 0.5% levy of or our wage bill that SaSH will be subject to from April this year. This can be spent on apprenticeships for all levels of our staff from GCSE level to Masters level study. It requires that member of staff to be released from their workplace for at least 20% of the working week.</p> <p>The educational activity at SASH that supports members of staff who are not on formal training programmes. To enable them to deliver excellent healthcare training cannot be based solely upon a classroom based education system.</p> <p>AM asked if we are educating staff for anticipated challenges. SM indicated that this work does aim to meet the local challenges and will be judged against metrics that the virtual division is developing. CP stated this will be an important five-year focus.</p> <p>PL stated that the information offered about nursing places was useful but concerning as the implications of future workforce are significant.</p> <p>AM and RS thanked SM for this report, welcoming the progress being made in integrating and moving forward the education agenda at SASH</p>	
	<p>5.6 Head of Research and Development Report AS introduced this report. CW asked what areas of research we are involved in and PL asked if the activity is relevant. PS indicated that topics and SASH involvement is subject to both internal and external governance. Our involvement with research often relates to questions raised by our practice. CW stated that a list of topics with their trajectory would be helpful for understanding Trust involvement. In answer to RS's question as to whether we are able to maintain our research focus, AS assured the Committee that on-going commitments are safe. The Committee asked for future iterations of the report to include detail or themes of key research areas where possible.</p>	

	6.1 Any other business None.	
	6.2 Proposed Agenda for next meeting The proposed agenda for the next meeting was approved.	
	DATE OF NEXT MEETING Thursday 2nd March 2017 12.00 – 14.00 AD77	