

Safety & Quality Committee

Thursday 7th September 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
Alan McCarthy	AMcC	Non-Executive Director, Trust Chairman
Paul Simpson	PS	Chief Finance Officer, Deputy Chief Executive
Pauline Lambert	PL	Non-Executive Director
Karen Devanny	KD	Head of Quality/Chief Nurse East Surrey CCG
Caroline Warner	CW	Non-Executive Director
Ben Mearns	BM	Chief, Medicine
Ed Cetti	EC	Chief, Cancer & Diagnostics
Barbara Bray	BB	Chief, Surgery
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
Anne Shears	AS	Head of Research
Chris O'Connor	CO	Dementia Nurse Consultant
Nick Roberts	NR	Patient Safety & Risk Administrator
Apologies:		
Des Holden, Jonathan Parr, Katharine Horner, Angela Stevenson, Zara Nadim , Kim Rayment, Simon Littlefield, Victoria Daley		

		Action
1 COMMITTEE BUSINESS		
	1.1. Welcome 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 (3rd Aug 2017) were considered for accuracy and approved, subject to the following changes requested by PL: p.4 - 3.1 <i>Q1 Assurance Report Patient Experience</i> – final sentence should end with “governance.” p.4 - 4.2 <i>Q1 Assurance Report Children Safeguarding</i> – add at end “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.5 - 4.5 <i>Q1 Assurance Report Infection Control</i> – add between final two sentences “A specific request was made that Non-Executive Directors be encouraged to participate in and contribute to audit programme.”	
	1.3. Action Log and matters arising Consideration was given to items due for September completion, as follows, C/F 2nd March 2017 <i>Duty of Candour – Quarterly Update</i>	

	<p>This report will be presented as item 3.1 by FA CQC Assurance Framework This report will be presented at October SQC meeting.</p> <p>C/F 4th May 2017 Therapies Strategy This report will be presented at October SQC meeting.</p> <p>C/F 1st June Care Homes Forum This verbal report will be presented as item 3.3 by BE</p> <p>SaSH Stroke Service Provision and whole system care pathway This report will be presented as item 4.2 by BM</p> <p>Consideration was given to items due for future completion, as follows, C/F 6th July ED Whole Systems Approach – Outcomes Report - Date for completion was decided as November 2017 with R Brown to present.</p>	
	<p>1.4. Highlights from Executive Committee for Quality & Risk CP presented this report and asked for questions arising. There was discussion of the Executive Production Boards, which CP explained were about preparedness for CQC He added that divisional boards, designed along similar lines but developed with specific criteria, were also being created and were encouraging ownership. AMcC stated that knowing this initiative is being rolled out is good assurance.</p> <p>There was discussion about the “better than expected” Dr Foster data from HSMR, as the report also referred to crude stroke-mortality figures rising. BM explained that there were several other data sources including SSNAP (an acute organisational audit providing a biennial ‘snap-shot’ of the quality of stroke service) and SHMI (Summary Hospital Mortality Indicator) figures which have been very good. He added that the crude mortality figures do not necessarily reflect the co-morbidities that patients may have, but might indicate a trend that could develop. He stressed that it is important to look at all these different data sources and be ready to deep-dive should a negative trend present itself.</p> <p>EC referred to the Trust’s National Patient Cancer Strategy rating reduction and stressed the importance of improving access including recruitment to CNS posts.</p> <p>PL asked for further information about the re-accreditation of the histology service. CP assured the meeting that the working group referred to in the report is making good progress and that the Trust is awaiting confirmation of the date of the re-accreditation visit.</p>	
	<p>1.5. Highlights from Clinical Quality Review Meeting PS reported that this meeting will be replaced by a Performance and Quality meeting in the next two months. Membership, scope of agenda and TOR are being developed for this contractual meeting. There will be a sister meeting covering Finance and Information. He added that the Contract Management Board would not be subsumed into either of these groupings.</p>	

	<p>KD felt that the new arrangement will be more effective and welcomed the development.</p> <p>PS reported that divisions were completing their work on providing assurance about the qualifications and training of visiting specialists.</p>	
	<p>1.6. CQUIN update BE gave a verbal report emphasising that the Trust is still very focused on the sepsis and antibiotic reduction areas of work.</p> <p>AMcC asked if we are looking at the data produced in the most useful manner, to which RW replied that what was important to be focused on our actions to improve services rather than wait for and then respond to data produced. CP added that we need to be consistent in our approach to data rather than change our methodology.</p>	
2 QUALITY PERFORMANCE		
	<p>2.1 Quality Report Attention was drawn to Quality at a Glance – Summary (Responsive) in which the Cancer 62-day Screening statistic has dipped to 75%. PL asked about the readmission indicators in Quality at a Glance – Summary (Effective) because the alert is amber whilst performance is described as “indicators continue to see the Trust perform well.” BE indicated that he would look at this apparent anomaly which relates to benchmarking of the indicator.</p> <p>BE referred to the Mortality –Dr Foster data indicating that the Trust remains ‘better than expected’ and the trend continues to improve. He stressed the fact that Mortality Improvement Plan which will be delivered to meet the recommendations of the CQC and LeDeR Reviews. RS asked if there was the possibility of developing a metric to evaluate the effectiveness of the pathway and report back later in the year.</p> <p>AMcC asked about the balance between positive and negative comments appearing in the Are we caring? – Patient comments board (p38). He asked what is done about the comments that indicate negative staff attitude. BM reassured the committee members that these are followed up within the divisions in a confidential and professional manner. FA stated that although each negative comment is followed up appropriately and fed back wherever possible, the positive comments outweigh the negative very heavily. CP stated that there is customer care training and that the ratio of negative to positive comments, at the last review, was 3 to 40. FA reassured the members that overarching work is constantly being undertaken to improve staff morale, attitude and behaviour.</p> <p>PL asked about a discrepancy between data offered for Falls per thousand bed days in Quality at a Glance – Summary (Safe) which shows 5.96 and the statistic given on page 17, which is 6.21. FA replied that the 5.96 statistic is correct and added that the national average is 6.21.</p> <p>PL also asked about the divisional Matrons’ Audit reports referred to on pages 12 and 13, which showed variance between divisions and between ward areas. FA replied that some ward areas have an environment which will not allow higher than 80% scores as they are current areas of action for</p>	

	<p>the Ward Improvement Group. PS added that the Estates Division also undertake audits of environment and cleaning which can give different scores because the focus is not identical. A programme of work is being undertaken to correlate the two sources of data. FA reported that a new member of Estates staff has been appointed to enhance ward-liaison.</p>	
<p>3 PATIENT EXPERIENCE</p>		
	<p>3.1 Q1 Update – Duty of Candour This report was presented by FA. She stated that where Serious Incidents are involved the Trust’s performance is good. But some Moderate Incidents have not, especially historically, been followed-up appropriately. By looking at the monthly report presented to the Patient Safety and Clinical Risk Committee and in discussions there, it has been possible to identify the areas for concern. FA stated that these can be stated as a failure to hold initial discussion, to follow up with a formal letter, to complete the investigation and to complete the reporting on Datix. She added that The Freedom to Speak Up Guardian is being involved in moving forward this process and that the Divisions were reporting progress every month at Patient Safety and Clinical Risk.</p> <p>BM agreed that within Medicine the process will have to be managed in a different way, with greater involvement at leadership level. BB reported that progress is being made but added that with surgical patients the initial discussion is difficult to follow up with a formal letter whilst the patient is still on the ward and when the outcomes of the incident may not be clear. EC added that divisions need to follow through the ownership issue with staff for more appropriate engagement. PS asked if we can evidence our performance against other Trusts. FA replied that we know that our performance is good where Serious Incidents are concerned but that there are no indicators to compare performance at Moderate level. Our emphasis must remain on getting the process right. BM responded that the focus is being brought to bear appropriately on the divisions.</p>	
	<p>3.2 Update on Dementia Strategy This report was presented by CO. He referred to each heading in the report. With regard to metrics, CO corrected the age stated in the report, above which data will be provided on prevalence of dementia diagnosis. The report should give the age as 75 rather than 65.</p> <p>He talked about the use of Dementia Friends, staff members trained who wear the badge for visibility. The number of these now exceeds 2000.</p> <p>CO referred to the work in progress with pharmacy to carefully monitor the prescription of anti-psychotic drugs, referring to the use of the Safety Thermometer. This development was welcomed by members of the committee. On referring to the Increased nutritional intake initiative, CO added to the report the fact that ways to encourage social eating are being investigated. CO referred to work surrounding World Alzheimer’s Day on 21st September. He highlighted the training that is being set up for that date in which CW and other Non-Executive Directors would like to be involved, after the Board meeting being held on that day.</p> <p>PL asked about John’s Campaign which encourages collaboration between the patients and all connected with them as it is crucial to health well-being.</p>	

	<p>CO is an ambassador for this initiative and it is a current focus of development.</p> <p>In further discussion of the patient ages above which there should be a dementia focus, RW stated that the incidence below 65 is very low at 0.7% of confirmed diagnoses, but confirmed that ages of incidence should be kept under review and we should aim for early diagnosis. BM urged that Dementia should be borne in mind as an illness, rather than a condition.</p> <p>ACTION 1 – CO is asked to provide an update on the progress and impact of the Dementia Strategy in six months (March 2018)</p> <p>RS welcomed the work undertaken on the Dementia Strategy and looked forward to the development of metrics to assess its impact.</p>	CO
	<p>3.3 Update on Care Homes Forum This verbal report was presented by BE. It was stated that the working group has not met recently but that, within the community in Surrey, relevant appointments have been made which have a focus on involving care homes in the discharge process. KD added that now the need is to find a way to involve other stakeholders. RS stated that this needs to be revisited in November to monitor progress.</p>	
4 SAFETY		
	<p>4.1 CQC Assurance Framework The report on this item is carried forward to the October meeting. RS asked when Insight will be available and how Non-Executive Members will be able to review this. RW stated that the template was available now but no report has been received. It was added that Insight data will be introduced via a Board Seminar.</p>	
	<p>4.2 SaSH Stroke Service Provision and whole system care pathway The report was presented by BM, who reported that in many key areas, such as scanning, MDT team-working, OT and Physiotherapy the performance of the Trust is good (rated at A or B). Overall the rating is C because there are some areas surrounding appropriate staffing, access and discharge issues, as well as the use of thrombolysis that demand a clear focus for action.</p> <p>There was detailed discussion about the Hyper-acute stroke unit (HASU) and Early Supportive Discharge (ESD) initiatives, as well as the possibility of increased demand should Epsom withdraw their service. There are plans to increase the number of male and female HASU beds by 6 or 8. RS asked if a business case will be required. PS agreed that it would be required and added that it should be borne in mind that such a development will be financially negative for the Trust, thus requiring a conversation with the CCGs. BM stated that the final total of extra beds required may be 6, 8 or more, depending on developments at Epsom. He stated the Trust now has a 24 hour, seven day rota for the service but added that we need to manage quicker access for patients to specialist nurses and consultants. At present when access beds are full then AMU is used, where the level of staff competency is high. It appears from audit results that we have a low of thrombolysis, compared with some other acute services, but BM suggested that this is used appropriately. AmcC asked if there was evidence that this</p>	

	<p>measure is taken appropriately, to which BM replied that there is no strong evidence but insisted that, when decided as a course of treatment the measure is carried out speedily.</p> <p>EC reported that NHS England is commissioning mechanical thrombectomy for patients who have certain types of acute ischaemic stroke. If used within the first six hours of symptoms beginning to show the procedure has been shown in clinical trials to significantly improve disability-free survival and quality of life by restoring blood flow thereby limiting brain damage. There may be a way to move forward on this initiative with St Georges.</p> <p>KD stated that there is now agreement across the CCGs to initiate the ESD programme and that East Surrey will have a team in place in November to drive this forward. She stated that successful implementation of this programme will certainly lessen in-patient demand. She also stated, in response to a question from AMcC, that any decision taken by Epsom about reduction or withdrawal of their stroke service may have implications for SaSH but that CCG and Sustainability and Transformation Partnership (STP) meetings will be involved in management of this eventuality.</p>	
5 QUALITY		
	<p>5.1 Therapies Strategy This report was carried forward to the October meeting</p>	
	<p>5.2 Head of Research & Development's Update Report This report concerning the impact, value and challenges of supporting commercial research activity at SaSH was presented by AS. She added that the Trust tends to be involved, via application and invitation, with research which is of "larger phase status." In response to a question from AMcC she stated the benefits of SaSH involvement are enhanced patient treatment, reputational and financial (although primarily related to staff time plus indirect overheads.)</p> <p>RS asked for assurance that, where involved, patients are invited to opt in. AS confirmed this. PL asked for assurance that possible conflicts of interest are identified, to which AMcC replied that there are strict guidelines and ethics that govern such involvement with clinical research.</p> <p>It was pointed out that the Research and Development Committee is scheduled to meet every month and that DHo reports on this regularly to Executive Committee.</p> <p>RS welcomed the work undertaken on Research and Development and thanked AS for her report and her leadership of this activity.</p>	
	<p>5.3 Organ Donation Annual Report This report was carried forward to the October meeting</p>	
	<p>5.4 Changes in Mortality Governance and Reporting The limited time available meant that this report was only briefly presented by RB. He pointed out that there were two deaths of people with a known learning disability, of which neither was found to be avoidable nor unexpected, in quarter one. He stated that the relevant policy review is due</p>	

	to be ratified at the Clinical Effectiveness Committee meeting in September. In response to a question from AMcC about potential deaths of patients with learning difficulties, RW clarified that there are strict criteria surrounding the definition of these patients which are age and education specific.	
	6.1 Any other business There was no other business raised at the meeting	
	6.2 Proposed Agenda for next meeting The proposed agenda for the next meeting was not considered.	
	DATE OF NEXT MEETING Thursday 5th October 2017 12.00 – 14.00 AD77	