

NLG(17)459

DATE OF MEETING	28 th November 2017
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Quality & Safety Committee – Tony Bramley, Chair and Tara Filby Executive Lead
CONTACT OFFICER	Tara Filby, Chief Nurse
SUBJECT	Quality & Safety Committee minutes – October 2017
BACKGROUND DOCUMENT (IF ANY)	N/A
PURPOSE OF THE PAPER:	Information
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	These are the minutes from October's public Quality & Safety Committee for information purposes.
HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NOT APPLICABLE
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	NOT APPLICABLE
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	NOT APPLICABLE
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	NOT APPLICABLE
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	NOT APPLICABLE
THE PROPOSALS OR ARRANGEMNTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	NOT APPLICABLE

<p>THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED</p>	<p>NOT APPLICABLE</p>
<p>THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY</p>	<p>NOT APPLICABLE</p>
<p>ACTION REQUIRED BY THE BOARD</p>	<p>For information purposes only</p>

Meeting: QUALITY & SAFETY COMMITTEE
Date: Wednesday, 11th October 2017
Time: 09:30am – 12:30pm
Venue: Boardroom, Scunthorpe Hospital

PUBLIC MINUTES

MINUTES OF THE MEETING

Tony Bramley	Non-Executive Director (Chair of the meeting)
Tara Filby	Chief Nurse (Executive Lead for Q&S)
Peter Reading	Chief Executive
Sara Wood	Quality Matron
Sandra Hills	Non-Executive Director
Sue Cousland	Non-Executive Director
Wendy Booth	Director of Performance Assurance & Trust Secretary
Kelly Burcham	Head of Risk Assurance
Paul Fieldhouse	Chief Pharmacist
Joanna Loughborough	Quality Matron / Quality & Patient Experience Practitioner
Ashy Shankar	ACOO Women & Children's
Angie Davies	Deputy Director of People and Organisational Effectiveness
Sarah Lusby	CSS Matron
Ruth Kent	Head of CSS
Melanie Graves	Assistant Director of Nursing
Stuart Baugh	Consultant Physician
Carrock Sewell	Path Links AMD (representing Lawrence Roberts)

In attendance

Donal Sutton	Good Governance Institute Team
Gemma Charlton	NHS Improvement Team
Pete Bowker	Associate Chief Operating Officer, Medicine Group Management Team
Kevin Taylor	Operational Matron – Medicine
David Broomhead	Associate Medical Director Therapy & Community Services Group

Jodie Hamilton (for the minutes) PA to the Director of Estates & Facilities

297/17 Apologies for Absence:

Lawrence Roberts (Carrock Sewell representing), Jeremy Daws and Kathryn Helley

298/17 Minutes of the Previous Meeting held on 13th September 2017:

The minutes taken on the 13th September 2017 were accepted as a true and accurate record.

Following approval of the minutes taken in September 2017, Tony promoted the late paper rule and emphasised the requirement for the committee to be very clear on the subjects that need to be discussed within the meeting to ensure an efficient and effective meeting.

Action – Declaration of interest to be an agenda item

299/17 Review of Action Log

CQUIN Quarterly Report – (item 247/17 of the September 2017 minutes) – in the absence of Sue Barnett it was agreed the action is to be carried forward to the November 2017 Q&S Committee Meeting.

Action – Rachel Pollard to ensure the action is carried forward to November's committee.

New flow system (item no.248/17 of the September minutes) – a post meeting note is still required; the action remains outstanding and is to be added to the Q&S committee action log.

Action – Rachel Pollard to ensure the action is entered onto the action log.

Update of the Q&S Committee Terms of Reference (ToR) (item no.251/17 of the September minutes) – Tony advised the Committee ToR are a work in progress, the ToR were reported at the September 2017 Trust Board Meeting for approval. Peter advised that they will be reviewed as part of the Good Governance Review and expressed the current membership needs to be revised.

Action - It was agreed to update the ToR following the Good Governance review.

Additional clinical representation at future meetings (item no.251/17 of the September minutes) – Lawrence Roberts had been requested to identify clinical representation to attend the Committee meeting and Rachel Pollard also wrote out to all groups requesting confirmation of representation from each group. Tony welcomed representatives to the committee.

Sandra asked how colleagues will be made aware their attendance is required at the Committee, as not all colleagues have access to the committee meeting agenda and minutes. Tara Filby advised this information should be shared by the Associate Chief Nurses who attend the Committee and advised this relates back to the earlier conversation regarding the Good Governance Review of the Committee's ToR. Peter added, many other Trusts have a much smaller core membership and request attendance from colleagues to present only on specific items, there is an expectation the Good Governance Institute review may recommend similar action.

Centralisation of Trust meeting minutes (item no.251/17 of the September minutes) – Wendy informed all public minutes should be accessible via SharePoint site, there are only a few committees where the minutes are private and everyone who requires access to private minutes should have the correct permissions to access them. Sandra advised it was more so Trust meeting minutes were generally accessible throughout the Trust to promote better communication.

Action – Wendy to review read access permissions on SharePoint to ensure colleagues have access to the committee meeting minutes.

NatSSIP's update (item no. 252/17 of the September minutes) – In the absence of Lawrence Roberts, Carrock advised, unfortunately the Junior Doctor who was identified to take this project forward has now left the Trust. The current areas of concern are; Medicine, Surgery and Women and Children's. Carrock proposed a project for the potential Surgical Associate Medical Director in collaboration with Medicine and/or Women and Children's Associate Medical Director and keep everything within these domains.

Action – Medical Director and Associate Medical Directors to submit a project timeline to the Quality and Safety Committee by December and then report regularly on progress

WebV System Feedback (item no.253/17 of the September minutes) - No post meeting note has been received.

Action- Kelly Burcham confirmed to action and update at the November committee meeting.

Update re: Doctors who fail to pass their PSA (item no.254/147 of the September minutes) – Carrock confirmed within his speciality and Pharmacy, 5 Doctors are in the process of being re-tested and 2 Doctors are due to take the exam for the first time. All Doctors are asked to declare if they have passed or failed their PSA during their induction. Dr Baugh highlighted that Consultants have a responsibility to sign off prescriptions and the Pharmacy department are supporting colleagues taking this exam. Dr Baugh confirmed the PSA will be part of the induction process in the future. All in attendance at the meeting today agreed sufficient mechanisms are in place and this action has now been completed and can be removed from this committee's action log.

Action – Rachel Pollard to remove this action from the action log.

Invite Dotty Watkins to a future Quality and Safety Committee (item no.257/17 of the September minutes) – Tony advised the committee are keen for Dotty Watkins to attend a future meeting and a date is yet to be confirmed.

Preventing and managing claims to reduce Trust expenditure (item no 261/17 of the September minutes) – The Committee agreed this item is to remain on the action log and for Wendy Booth to invite Melanie Hornsby to attend November's meeting to provide an update

Action – Wendy Booth to invite Melanie Hornsby to attend the November meeting to provide an update.

Recovery plan for National Training Survey (item 262/17 of the September minutes) – Peter advised he has met with Clinical Tutors and Junior Doctors, along with Ian McNeil and Sue Barnett to discuss adopting best practice. From the meetings that have taken place a lot of practical issues have been highlighted and mostly practical support is required. Peter confirmed meeting with Jayne Adamson and Jug Johal to review these issues and discuss with college Tutors.

Thames transport (item no.267/17 of the September minutes) – Joanna informed she has not received any direct feedback following the contracting meeting that has now taken place. Tony requested this item remain as an outstanding action on the committee action log. It was agreed that Claire Phillips provide an update at the November Committee

Action - Claire Phillips to provide an update at the November Committee.

Dictate IT system (item no.266/17 of the September minutes) – Sue Cousland advised, following the Listening event at GDH staff raised their concerns regarding the inefficiencies of the current dictate IT system. Peter confirmed, Jackie France is aware of the issues and is working with staff members to resolve. Peter suggested inviting Jackie France in the near future to provide a progress update. Carrock informed he had recently attended a meeting with the WebV team to review developing a system that could potentially incorporate letters from any production system to hold in the WebV system although not from a

dictation system.

Action – Review of the dictate IT system to be added to the committee action plan and time scale to be agreed.

Mix sex accommodation (item no.270/17) – A post meeting note has been received and the minutes updated. Peter Reading highlighted that Ward C1, is compromised due to the current layout and lots of short comings i.e. an insufficient number of sinks. The only solution for this ward area is a complete refurbishment, with a major programme of works and therefore a long lead time, there are also some practical operational issues on Coronary Care Unit at Grimsby Hospital. Tara Filby agreed and confirmed now the Trust has an understanding of the time frames, discussions now need to take place to review if there is anything that can be done in the short term with the existing environment.

Sandra Hills raised concerns regarding ward 22, Tara confirmed it is a staffing issue on ward 22, and there is not a staffing issue on Coronary Care Unit just the environment. But dignity screens are being reviewed as a potential interim solution.

Upgrade/usage of Symphony (item no.257/17 of the September minutes) – Tara Filby has discussed this with Pam Clipson and has been advised a decision is yet to be made if to continue to use the Symphony system or to develop/procure a new system. Peter Reading advised that Richard Sunley is currently developing a ToR to implement a Digital Strategy Meeting and currently developing a job description to appoint a digital strategy lead to take this forward. This would then provide support in decision making to invest in WebV or explore alternative systems.

Quality & Safety priorities

300/17 Overview of Quality & Safety Issues

Tara advised that general feedback received from front line staff is that there is a real desire to change and staff can feel change already. The Listening into Action workshops have been very helpful and has helped nurses and Doctors to express how they feel and they feel as though they now have a voice.

Nursing vacancies continue to be a specific concern in particular at SGH in the Medicine division. Ward 22 & Ward 24 are of concern, as currently there are 11 registered nurse vacancies on each ward and the ward leaders are in the process of leaving also. Tara Filby and Sue Barnett have met with the Medicine division triumvirate and nurses to discuss their concerns which are mainly staffing levels and flow. A number of actions derived from this meeting and are being progressed. Tara confirmed a more detailed operational paper will be presented at the Trust Management Board.

Engagement work is taking place with Senior Nurses, Matrons and Specialist Nurses to develop a roster of shifts to support junior colleagues on wards over winter. Tara Filby has written out to all nursing staff advising of this and an impact assessment will be completed at service level to identify how frequently front line support staff can work on the wards. A mixed response has been received so far but on a whole there is an understanding from staff. Sandra Hills asked for assurance of the measures we are taking to ensure staff who are often moved to other ward areas have the relevant skills and asked if this information can be collected proactively as opposed to retrospectively. Staff who are asked to work in an alternative area have sessions arranged with the Continuing Professional Development Team (CPD) if required, this session identifies any gaps in skills' sets. The CPD team work with ward staff and offer support and note staff concerns.

Sue Cousland raised the concern of staff morale and the impact of winter pressures and suggested a review of pay rate to try and meet agency rates. Tara Filby confirmed a range of incentives are being considered such as weekly pay. The Bank Office service is currently under review and a briefing paper of the outcomes and recommendations to remodel the service is to be presented at the Trust Management Board meeting on Monday 16th October.

Action – Rachel Pollard to ensure the service impact assessment is presented to this Committee

Carrock Sewell highlighted concerns regarding consultant retention and recruitment and Junior Doctor support and regarding the sign off of patient results. The Associate Medical Directors recently reviewed the completeness of sign off at ward level and areas remain very poor which leaves the Trust in a vulnerable situation and Carrock Sewell requested to highlight this concern as a risk. A reminder to all Junior Doctors is required that this process is mandatory and this is also explained in their corporate induction however further support and assurance is required that this process is being completed and is custom and practice. Sandra Hills asked if, administratively, clinicians are receiving the required support. Carrock Sewell advised this is a mandatory requirement and a number of changes have been made to improve this issue however this is ultimately the teams responsibility.

Action – The committee agreed this concern is to be highlighted to the Trust Board and to the Medical Director and all Associate Medical Directors.

Post meeting note – The concern was highlighted to the Trust Board in October.

Action – Wendy Booth to ensure that the concern is logged on the Trust risk register.

Post meeting note to be added once the action has been completed

Ashy highlighted the nursing cover out of hour's process and explained the Trust could improve responsiveness too this especially for off framework requests. Ashy informed, many times requests are left until very late before signing off and by this time there is a very limited number of nurses available to cover shifts due to the short notice given.

301/17 Integrated Quality Performance Report

Kelly Burcham referred to an attached integrated report and advised further discussions are to take place to agree contents and narrative to ensure greater assurance. Tara highlighted pressure ulcers, falls & performance are key issue areas, although there is a proxy measure in the safety thermometer. Wendy Booth advised the quality indicators need to be reviewed to

ensure the Trust is reviewing and reporting on the same areas as the CQC. Additional areas highlighted were nurse staffing, Medical staffing levels and mortality. Angie Davies highlighted deteriorating patients and sepsis as a key area.

Paul Fieldhouse informed the areas highlighted are also the areas with the highest mortality rates and there continues to be poor attendance from medical staff at the safer medicines meeting with little engagement. Peter Reading advised that the Trust is currently advertising for a Deputy Associate Medical Director and in terms of medical recruitment a regular sequence of meetings started in August 2017 to review recruitment. The meetings are now clinically-led and this has seen an improvement in recruiting to posts. There is to be a review of Medical Staffing and the functionality of the service and support Doctors to lead on Doctors' recruitment as this has been very positive. Sandra Hills confirmed this is also being discussed in the Workforce Sustainability Transformation committee.

Joanna Loughborough advised that the friends and family test percentage results in A&E are low and therefore the data may not be fully representative of the service. The team are now using the text service and are hopeful that this will increase responses and receive more robust data. There has been a refresh Trust-wide of the friends and family test and there is a review of the dashboards underway.

The Trust is currently rated as inadequate by the CQC; Sandra asked where in this report does it state what the Trust is doing to improve this rating to help measure progress. Wendy informed that the inadequate rating is current; the Improving Together report highlights the Trust progress and current position.

The Trust financial position was noted at the end of the attached report and advises where the Trust is in terms of planning with Ernst & Young (E&Y) and recovery action. A more detailed update will be available at the next committee when the action plan is clearer in terms of its impacts.

302/17 Improving Together Q&S Update (including Access & Flow and Transfer & Discharge)

Tara Filby apologised that the report is not fully completed for the committee today however full details will be available at the November committee meeting including key outcomes. Kathryn Helley has recently moved post and Tara advised she is now working with a member of the E&Y team, Sue Tancock. Tara Filby and Sue Tancock have met with key project leads to update milestone plans, this will hopefully be updated to review at the November committee. From these meetings a lot of information has been gathered regarding activity, one main area to highlight is slippage in the medical staffing project and there has been some difficulties engaging staff to review the development of our toolkit to set out establishments initially. Jane Heaton is currently leading on this project. In terms of other projects, the following have now been embedded and turned green on the action plan; fit to care checklist and the patient safety notice regarding infection control issues. There are also a number of other actions that have been completed but require some more evidence to close the action on the plan.

Peter Reading said it would be helpful for all of the Executives of the sub Board committees and chairs to decide which of the 5 work streams report into which committee. This will ensure full oversight with no conflicts. Peter Reading confirmed the Improving Together Board meeting has reviewed all the schemes and is now developing an overall programme. Wendy Booth confirmed she has met with Obi Hassan and Kathryn Helley and reviewed the governance structure and each work stream has been aligned.

303/17 Clinical Harm update

Richard Sunley did not attend the meeting and no further discussion took place.

304/17 NatSSIPs update

Items discussed under agenda item 299/17, no further discussions took place.

305/17 MALTI-TOF business case for charitable funds (item no. 247/17 – Sept)

The business case is now to be progressed via the charitable funds committee.

Action – Rachel Pollard to ensure that the item to be removed from the Quality and Safety committee agenda.

306/17 Clinical attendance at future meetings (item no. 251/17 – Sept)

Items discussed under agenda item 299/17, no further discussions took place.

307/17 Central access to Trust meeting minutes (item no. 251/17 – Sept)

Items discussed under agenda item 299/17, no further discussions took place.

308/17 Update re: - Doctors who fail to pass their PSA (item no. 254/17 – Sept)

Items discussed under agenda item 299/17, no further discussions took place.

309/17 Update on Symphony (electronic admission system) and access to the updated Manchester triage process.

Items discussed under agenda item 299/17, no further discussions took place.

310/17 Preventing and managing claims to reduce the Trusts expenditure (item no. 261/17 – Sept)

Items discussed under agenda item 299/17, no further discussions took place.

311/17 JAG accreditation update to include confirmation of which sites are ready for accreditation - (item no. 265/17 – Sept)

Following the visits to DPOW and SGH in 2016 JAG accreditation was removed from the Trust. As a result of this key areas for improvement were identified and an action plan was developed. A considerable amount of work has gone into the plan and significant progress has been made. Due to the Trust not achieving the waiting times criteria we are not yet ready to apply but the Trust may be compliant for the April 2018 submission and potential re-accreditation to the Grimsby site. The committee asked why Scunthorpe Hospital does not meet accreditation currently, Ruth Kent advised this is due to Goole District Hospital closing and Scunthorpe Hospital taking on patients from the Goole District Hospital waiting list. 20 additional sessions were arranged to clear the Scunthorpe Hospital waiting list which would have significantly improved Scunthorpe Hospital position however GDH patients were added to the list and therefore affected the position.

Finances have been identified and approval received from the Trust Management Board but this is yet to be approved by the Finance team and NHSi for Goole replacement washers. Once approval has been confirmed the Trust will then go out to tender.

312/17 Progress with the meeting with Thames transport (item no. 267/17 – Sept)

Item discussed under agenda point 299/17. No further discussion took place.

313/17 Highlight update report - Medicine

Simon Buckley, Dr Baugh and Pete Bowker attended the meeting to present the Medicine Quarterly Highlight Report, of which the following points were highlighted:

- Emergency Department – News and Pain scores were highlighted as a concern by the CQC, observations are completed, however the scores were not always totaled and pain scores were not always fully completed. The Medicine division has worked with the WebV team to incorporate the NEWS and pain score process to ensure compliant, also included is the deteriorating patient workstreams to ensure we have timely follow-ups of observations. Whilst this process is being worked up, in the interim, weekly audits of case notes are being completed to review compliance. The expected timescale for completion is the end of October.
- Sepsis specialists have been working with the audit department to review the Trust compliance.
- Mental Health – The Team are currently working to standardise the approach and develop a standard operating tool. The risk assessment and the SOP capture this.
- Development of nursing dashboards – The Medicine team are currently working with the Chief Nurse team to develop the divisions dashboards. The teams continue to illustrate a good standard of care is being delivered and it highlights any concerns and enable plans to be put into place.
- Primary Care Streaming programme – The pilot of an initial, basic assessment to ensure patients are seen in the correct areas started in June 2017 at DPOW. This has been reviewed and agreed to continue through winter until March 2018 and then further reviewed.
- Ambulatory care has been implemented at Grimsby Hospital and this has seen an increase in numbers of patient going through, on average approximately 10 patients a day.
- The safer care bundle - Following the ECIP visit at SGH and DPOW, the Trust has received support by an oversight group and the wider MDT team and the benefits are noticeable. There is a plan to roll this out to other inpatient areas.
- W22 HOB's respiratory bay has been introduced to improve safety for respiratory patients by centralising the bay. This is currently a mixed sex area and the CCG are aware of this and is being reported and discussions are taking place to prevent this.
- A review of the safer nurse care tool will take place to increase consistency across wards.

Dr Baugh highlighted medicine remains in a fragile state - the main risk areas are the nursing staffing levels at Scunthorpe General Hospital and the medical staff issue particularly in A&E at DPOW. Some very good things are happening particularly in Grimsby Hospital within the medicine department in A&E at Grimsby Hospital, improving flow and therefore access, this is all a work in progress.

Sue Cousland queried the staffing issues at Grimsby Hospital in A&E, Dr Baugh advised the Trust is short of middle grades which has been mitigated to a certain degree by our ability to recruit some part time consultants, most of the time we are able to provide enough cover by altering rotas slightly using emergency nurses and just before the August handover we were using anesthetist's to fulfill particular post, October half term is the next potential issue. Paul highlighted the mortality ratio in cardiac and respiratory patients increasing, and asked whether there is any relation. Dr Baugh advised a pilot is to commence at Scunthorpe Hospital to have a respiratory team in place to identify patients who need specialist care/input, this will however, have some potential resource implication; discussions are also taking place to implement similar arrangements at Grimsby Hospital. Sue Cousland confirmed Cardiology mortality issues are discussed at the Mortality Assurance Committee Meeting and this is on the agenda for the November meeting.

314/17 Recovery plan for National Training Survey

This item has been moved to the information section as Dr McNeil could not attend.

315/17 Update with regards to sensitive disposal of non-viable fetuses (NVFs) – item 217/17 – August)

This item was deferred in the absence of the lead chaplain.

316/17 Nutrition update

David Broomhead referred to the attached report, advising all issues are highlighted in the report and updated by exception and advised the Community and Therapy team feel as though more influence is required around nutrition and there needs to be more ownership across the groups. The Nutrition Strategy meeting has had attendance from groups however this needs to be more consistent. The team has tried to arrange a meeting regarding Consultant job plans however this has not been successful. Wendy raised the issue regarding the lack of engagement and ownership with the senior management teams in Medicine and Surgery. Paul Fieldhouse advised Paediatric nutrition support is also required. Tara Filby suggested this issue needs to be discussed at the Trust Management Board meetings.

Sue Cousland advised that the management team's needs to consider where the dietician teams sit within this. She had recently met with a frustrated dietician and a meeting has been arranged with the dietician along with another Non-Executive Director to voice concerns and hopefully this will provide insight into some of the concerns raised in this report today. Melanie Graves confirmed she met with the Dieticians last week and the feedback from this is the requirement for an adult nutrition team. Melanie advised a business case is to be developed for this request. Carrock Sewell suggested to potentially review this through the recruitment strategy for new surgeons and physicians potentially include a dietician role within a consultant role, this may be very appealing and may help recruitment to the posts. Nutrition is led via the Chief Nurse Directorate, therefore Nursing are leading on this with Medical support. Peter Reading expressed concerns regarding the findings highlighted in the attached report and confirmed this needs to be discussed at the Trust Management Board. Gemma confirmed the NHS Improvement team is to launch a nutrition incentive very soon. Tara Filby confirmed that the Trust had been selected to take part in the national collaborative work.

Action – Concerns regarding nutrition to be discussed at the Trust Management Board in November and a brief progress report to be delivered at the December 2017 Quality and Safety Committee.

317/17 Patient Story, Reflection and Action

Joanna Loughborough presented a verbal patient story from an Ophthalmology Patient at Scunthorpe General Hospital. A number of issues were raised and also positives highlighted. The patient advised the department was very clean however logistically not suitable. The patient experienced difficulties regarding referral letters not being processed in a timely manner and found he had to chase referral dates numerous times and also came across obstacles trying to contact someone within the department to discuss this; this process took the patient approximately 3 months to confirm his first appointment date, which involved a number of telephone calls and consistently contacting the team to confirm the date. The patient advised that once the date was confirmed and he was able to speak to the correct people the administrative process improved.

On arriving at his first appointment the patient advised car parking was an issue, with the car parking signs advising there were spaces, however on entering the carpark there were no visible spaces available. The entrance to the Hospital has significantly improved, with less notice boards/posters on the walls. The patient advised he checked in at the eye-clinic and noticed the waiting area was overflowing, as he was asked to take a seat in the waiting area. The gentleman advised he noticed there was a patient in a wheelchair and the staff situated the patient as best they could on the corridor whilst they waited for their appointment. There was lots of corridor congestion. After approximately one hour the gentlemen confirmed he was called to his appointment, the room was very cramped and people were walking passed him. Approximately 3 hours from arrival to completion of his appointment, the gentleman advised he was then handed an information leaflet, which was dated 2010 and advised a follow up meeting would be arranged.

The next appointment was much more positive, no car parking issues, the clinic was not as busy and the appointment was very good. The gentlemen advised, a lot of time was taken in this appointment to ask questions and give answers, on completion of the appointment another leaflet was given and a follow-up appointment was to be arranged. The gentleman confirmed on the third appointment there was again; no car parking issues and no clinic congestion issues.

Angie said there is a clear process issue highlighted here and the care provided is good. Angie asked regarding patients potentially waiting 2-3 hours, are these patients provided with water? Joanna confirmed there are water fountains in the department and there had been talks previously to implement a hydration trolley however this did not materialise and is very dependent on staff. Sandra highlighted, staff need to consider how long patients have been waiting and consider how patients have attended the appointment, for example has the patient had to use patient transport and therefore potentially they may have travelled for a number of hours prior to the appointment. Sue also highlighted the persistence of this gentleman, consistently calling to confirm an appointment. The committee agreed with the points highlighted.

The following points are to be highlighted from this patient experience story:

- Car parking; signs advising spaces available but on entering the carpark no spaces.
- Administrative process of appointment times, confirmation of appointment, receipt of GP letter.
- Contact issues, being able to contact the correct person/department via telephone.
- Capacity of clinic

- Hydration?
- Information leaflets out of date

From the above highlighted concerns the following points were suggested:

- A letter or text message to be sent to patients to confirm receipt of letter received by the clinic from the GP
- Information leaflets to be updated
- Review logistics of the clinic areas; make more wheelchair friendly
- Review capacity verse activity

Joanna advised this story was received via a mystery shopper and provided to the team from the Patient PALS. There has been some time lapse and some actions have been taken and awaiting responses on progress. It has been suggested for someone to attend the Ophthalmology Board to highlight these points.

Action – Joanna Loughborough to ensure a rolling action log of all patient story concerns is maintained to provide assurance, issues are to be captured and actions logged. It was agreed the action log is not necessarily required to be discussed at this committee but would provide a good audit trail.

Patient Safety:

318/17 Mid-year review of quality priorities to ensure they are still fit for purpose

The committee agreed this agenda item be discussed at the November Committee

319/17 Mortality Performance & Assurance Committee Exception Report

No items were raised by exception from the attached report. Peter Reading advised the Trust are to appoint a mortality lead and an individual physician has expressed their interest and agreement to be in place to ensure the sessional time required is available to the lead.

319a/17 Deviations from NICE guidance

Confirmation there is no deviations from NICE guidance to discuss this month.

320/17 Items referred from other meetings

There were no items referred from other meetings.

321/17 Escalation of risks to patient safety

No additional ones that have not been mentioned in the meeting

322/17 Items for information

The items were attached to the agenda for information purposes only.

Paul highlighted points 11.24 and 11.25 of the items for information. Paul advised there is poor attendance and engagement at the Safer Medication Group. Wendy advised this is a recurrent theme and is not specific to just this meeting .

Action – Kate Wood and Paul Fieldhouse to consider how to structure meetings to improve engagement and attendance.

Concerns were raised relating to poor documentation and poor consistency at discharge, Paul advised there is no pharmacy involvement within the discharge process and WebV produce the discharge letter.

Action – Paul Fieldhouse to discuss with Pete Wisher, the discharge process/information produced through WebV.

Mandatory Training compliance concerns regarding completion of safe use of insulin and medical gases, Paul asked for support in improving compliance. Peter suggested potentially a Matron would like to take this forward as a project

Action – Tara Filby to raise the mandatory compliance concern at the Matrons’ Forum and ask for expression of interest to lead improving of this compliance.

Paul highlighted the increased rate of use of Meropenem antimicrobial is of concern. We are outliers in our use compared to other Trusts and prescribing has grown exponentially in DPOW. Peter informed the Trust is in the process of appointing two deputy AMD’s one at SGH and DPOW, Peter suggested to discuss with the appointed AMD at DPOW to change the restrictions in clinical practice and further operational discussions are to be agreed outside of this meeting.

Action – Paul Fieldhouse to update the Quality Committee with the outcome and ensure this is updated on the risk register.

Items for Approval

323/17 Protecting disabled children from harm policy

Sarah Howard attended the meeting, advising there are a number of services commissioned by the local authority, the Trust has been asked for confirmation they are adopting their policies within commissioned services. Sarah advised this has been confirmed through the LSCB and Craig Ferris and it has been agreed that the service will be working toward and are adopting the local authority policy. The committee agreed happy to endorse this and approve on behalf of the Trust

324/17 Items to highlight to Trust Board

- Nutrition & hydration – to be reviewed at the TMB and will review in due course at the Quality and Safety Committee
- Nurse staffing and medical staff – particularly the bed issue

325/17 Any Other Urgent Business

No items of urgent business were discussed.

326/17 Meeting Review

Wendy Booth advised that issues need to have the appropriate operational discussion first before anything is presented to the Committee.

Ruth Kent asked if attendance is now required regarding JAG. The committee agreed attendance is no longer required as received update on progress.

Sandra Hills highlighted the review of the committees Terms of Reference (ToR). Peter advised the Good Governance review is on course to report findings this month and suspect re-draft of subcommittee ToR will be complete in time for the next Trust Board for ratification. Peter Reading suggested particular attendees to attend the Quality and Safety Committee only for their specific items only and not be required to attend the full meeting to make better use of time and promote more meaningful discussions. Wendy Booth advised, works on restructuring Committee meetings are hopefully to be completed by December 2017. It was agreed by all there is a benefit for Non-Executive Directors and Directors to meet; Peter Reading agreed and suggested he would like to see a rolling rota to ensure someone from each area is in regular attendance.

327/17 Date and Time of Next Meeting

The next meeting will take place on **Wednesday, 8th November 2017, 09.30 am - 12.30 pm in Boardroom, Scunthorpe Hospital**