

NLG(18)072

DATE OF MEETING	27 th February 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Quality Safety Patient Experience Committee – Tony Bramley, Chair and Tara Filby Executive Lead
CONTACT OFFICER	Tara Filby, Chief Nurse
SUBJECT	Quality & Safety (Q&S) Committee minutes – January 2018
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 January's Q&S meeting 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
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	NOT APPLICABLE
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	NOT APPLICABLE

ACTION REQUIRED BY THE BOARD	For information purposes only
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Meeting: QUALITY & SAFETY COMMITTEE
Date: Wednesday, 10th January 2018
Time: 09:30am – 12:30pm
Venue: Boardroom, Scunthorpe Hospital

PUBLIC MINUTES OF THE MEETING

Tony Bramley	Non-Executive Director (Chair of the meeting)
Wendy Booth	Director of Performance Assurance & Trust Secretary
Melanie Graves	Assistant Director of Nursing/Head of Quality
Peter Reading	Chief Executive
Carrock Sewell	Associate Medical Director (AMD) for Pathlinks
Kate Wood	Interim Medical Director
Jeremy Daws	Head of Quality Assurance
Ashy Shanker (part meeting)	Associate Chief Operating Officer – Women and Children’s
Dotty Watkins (part meeting)	Interim Associate Chief Nurse - Maternity
Tina Sykes	Associate Chief Nurse - Community
Sandra Hills	Non-Executive Director
Paul Fieldhouse	Chief Pharmacist
Jenn Orton	Associate Chief Nurse

In attendance

Rachel Pollard (for the minutes)	Executive PA to the Chief Nurse
Jackie France (item 10/18)	Head of Patient Administration
Ruth Kent (item 15/18)	Head of Clinical Support Services

The items on the agenda were taken as staff attended to update and not as the agenda suggested.

01/18 Apologies for Absence:
 Sue Cousland, Richard Sunley, Angie Davies, Tara Filby (Melanie Graves representing), Kelly Burcham (Jeremy Daws representing), Louise Glover, Deborah Turner and Dave Broomhead.

02/18 Declaration of interest
 There were no declarations of interest.

03/18 Minutes of the Previous Meeting held on 15th December 2017:
 The minutes taken on the 15th December 2017 were accepted as a true and accurate record with no amendments.

04/18 Review of Action log
[Trial of non-mandatory training communication package for 6 months \(June 2017 – 12/17\)](#)
 Harriet Stephens did not attend the committee therefore it was agreed to defer the item until next month.
Action – Rachel Pollard to ensure Harriet is invited to the February meeting for a verbal update

05/18 Quality & Safety priorities
Overview of Quality & Safety Issues
 Melanie Graves advised of the winter operational pressures that the Trust were subjected to and acknowledged the impact on the A&E department and ward areas. Importance was still to ensure safety concerns are escalated effectively. An A&E safety checklist has been introduced and is now live, this is working well. Robust safety huddles are happening in A&E with two hourly board rounds taking place. It was reported that there was better embedment at Scunthorpe General Hospital (SGH) than DPoW. Kate Wood advised of 70-80 patient outliers currently at DPoW with the decision to change the buddy ward at Grimsby Hospital (DPoW) with no

prior warning been taken. This decision forced immediate changes in which the medical consultants agreed to review and assess patients. She would be following this work up later today to ensure patient safety. It was noted that all staff involved in the changes were very proactive and professional.

Peter Reading felt that the biggest risk was emergency access and that the Trust followed national guidance with cancelling all regular surgery but not cancer and any other critical surgery. This decision still remains at this time. Trust Management Board (TMB) has discussed flow and there is some surgery that could go ahead without any adverse effect on patient care and these were confirmed to be ENT, Ophthalmology and Gynaecology. The Trust measures well in comparison nationally and regionally lying at the top half or third with regards to 4 hour performance. 90% compliance had been achieved in Q3 which was agreed to be excellent. It was agreed that the Trust feels very different from last year with regards to winter planning and it seems that the Trust is able to cope better. Peter Reading advised of three observations: 1) Look at numbers and offer safety checklists; 2) The Trust is very reactive and acting down large numbers of senior staff on a daily basis which is not sustainable; 3) Staff sickness levels are high with worries regarding exhaustion at every level. Staffing is an amber alert daily at this time.

The committee discussed the future of procedures within Goole District Hospital (GDH) and it was advised there will be an increase in activity and this must be communicated to all staff effectively. There is no endoscopy work taking place at GDH at the moment with no date for reinstatement. Jenn Orton advised of an increase in 6.5 sessions at GDH from this week with staff offered to work at Scunthorpe General Hospital (SGH) if they wanted.

It was agreed, following a suggestion from Paul Fieldhouse, that the Planning and Strategy for GDH will need to form part of the Improving Together Workstream.

The meeting noted the update and congratulated the efforts and achievement of all staff involved but also noted the fragile nature of the Trust's performance.

06/18 Integrated Quality Performance Report

Jeremy Daws advised that the report was still work in progress with further discussion needed to focus more on quality. Key points to note were the relationship between the demise of the Mortality Assurance Committee (MACIC) and this committee, with discussions ongoing. The VTE work stream is ongoing with Kate Wood and Steven Griffin. Jeremy Daws reminded the committee that due to the timings of the meetings would not allow the most relevant data to be available.

Kate Wood advised that she had some items to discuss with Jeremy Daws outside of the committee but asked about the position with regards to Hospital Mortality Standardised Ratio (HMSR) advising that this is not something that the Trust has focused on in the past and therefore there is a need to understand the graph within the Integrated Performance Report as this indicates concerns with regards to mortality in Medicine and Women & Children's areas.

Action – Jeremy Daws to discuss with Maria Wingham to provide more information and how it is calculated and feedback to the committee during the next committee.

Tony Bramley noted the information with regards to the diagnostic waits and it was confirmed that there has been a mobile scanner in place since mid-December 2017.

The refreshing of the capacity and demand was noted with further explanation needed with regards to the outcome of the model. The paper advised that the Trust has a 'grip' on this and it was agreed that Jeremy Daws talk to Pam Clipson outside of the meeting and report findings back via a post meeting note.

Action – Jeremy Daws to discuss with Pam Clipson via post meeting note.

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

07/18 Improving Together Q&S Update

Mortality update – The update had been presented at various meetings with actions drawn up. Discussions have been had with clinicians at DPoW where mortality is the highest. There has been a general acceptance to proposals to have daily ward/board rounds as a trial in medicine; following this an agreed plan will be proposed. The consultants involved have been asked to attend the hospital half an hour earlier to do this and has been agreed to be part of an unpaid trial. A completed plan should be ready by the 19th February. This work will be linked to the nursing ward/board rounds and huddles. Stuart Baugh advised that he hoped that appropriate recognition would be given to a different way of working and that they are under significant amount of scrutiny and need to be seeing to do things differently to try recovering the position. This work will be continually driven by Kate Wood and Stuart Baugh will continue to work in this regard. Paul Fieldhouse offered pharmacy assistance to AMU and the medical outlier wards.

The committee agreed that there was still a lot to do but took some comfort in the latest updates given and agreed that it seems to be moving forward positively, although it is still early days.

Matters arising

08/18 Confirmation of the link between QIA's and the risk Register

Wendy Booth advised verbally that the action relates to the Trust's risk register and confirmed that the risks identified from the QIA should also be added as other risks are. Kathryn Helley will assure this.

09/18 Ward 22 staffing and numbers of beds (Item no.380/17 – Dec)

Peter Reading advised that the planned staffing review was paused from December 2017 until January 2018 due to operational pressures. It is the plan to create two separate areas for men and women. The committee discussed the capital finance bid to DoH with Peter advising of two substantive bids one relating to scanner replacements which has been partially approved. The second bid related to money being made available to make significant changes to C floor (CCU and Ward C1) at DPoW the outcome of which was awaited.

Invited members' items:

10/18 Dictate IT update & ERS update

Jackie France submitted a report and advised the committee of the backlog of patient clinic letters. All clinic letters are now at the approved stage with a backlog in systems continuing from 2015. Doctors are needed to formally approve the letters rather than just sending them out. The process that related to rotational and locum doctors were an issue (which equates to 9,221 of the backlog letters) from January 2017 to the end of October 2017. The letters that are agreed to be clinically urgent and there will be a push for doctors to approve them and send electronically.

This process has been agreed with CCG's and Peter Reading will provide a letter to explain preventative actions to the GP's. The GP's will be advised to log appropriate issues via the incident process. The GP's will be given a list of Clinical Leads so they can be contacted directly. All this information will be sent out next week.

Jackie France explained that measures were in place so the Trust does not get into this situation again and that there was robust escalation processes in place. The second check will be 10 day check, monitoring and escalation process with time allocated within job plans. Work will commence with doctors with regards to a clinical template. Voice recognition is being looked at as this has worked well in the past. Roles and responsibilities within the admin teams will be assessed too.

Tony Bramley asked that the letter to patients with regards to approval is carefully worded as to not confuse the patient and lead them to believe that they haven't been approved by anyone. It was agreed that this would be carefully thought through. It was advised that Jackie France and Peter Reading confirm communication to MP's and the media to advise of the work. The letters will not all be sent at the same time and will be managed over the coming weeks.

Jackie France advised that all cross-referencing is completed with regards to incidents of clinical harm as all copies of information are shared.

The committee agreed that this was a sensible pragmatic approach to the accumulated problem and that good progress had been made to get us to this point; but noted the reputational and other risks still attached to these processes.

Dr Baugh – attended 10:40

11/18 Detailed update with regards to deteriorating patient (item no. 370/17)

Jenn Orton advised of changes since the report was submitted to the agenda:

- Hand held devices are in every acute area.
- EEC is now using electronic NEWS at DPoW and will be rolled out to SGH next week. Training dates are in the diary.
- PEWS has been rolled out across the Trust and is on Web V. Embedment is needed.
- The policy for deteriorating patient will be submitted for Trust Management Board (TMB) on the 22nd January 2018. Comments have been asked from the groups already. Once initial approval from TMB it shall be put forward via the governance process.
- SBAR process will be placed alongside the policy and be part of the escalation process.
- Sepsis man (poster) is confirmed to be yellow. Agreement of the poster has been confirmed and has gone

- to print for every area. This will be rolled out at the same time as the policy and process.
- Safety huddles in Surgery & Critical Care are now held every morning at 8am to include all staff members that are in charge. These also happen in medicine at SGH.
- A business case has been formulated to cover training, sickness and leave which covers the hospital at night function and has been confirmed to need 1.9 wte staff members. The approval of the business case has been sought via TMB.
- Evaluation of ward dashboards will be available that will show a trend of mortality on each ward. It will also show DNR, escalation of NEWS and how observations were taken. This information will be owned by the areas themselves (including clinicians). Escalation of issues out of hours is to be discussed.
- Concerns have been increased with regards to the SHMI and the fact that handheld devices are not available to track sepsis 6 in the certain timeframe required. This work may take three months to get handheld devices on the required areas. Web V is ready to go. Indications are that this is used in ULHT and has made a positive difference.
- Patients that are End of Life often become deteriorating patients which needs to be discussed.

Peter Reading felt that there was confidence of leadership but there was a need to ensure that the work happens.

Paul Fieldhouse asked who the Trust's Clinical Lead is for hydration and it was advised that whilst appointing a nutrition lead the requirements for hydration will need to be considered as well. Paul Fieldhouse was asked to discuss this further with Kate Wood outside of the meeting.

Carrock Sewell reminded the committee that the positives from this work will not be seen for 8 weeks' and that case reviews may be needed to show changes.

The committee agreed that within the work still to do that there were positives already achieved and it was agreed for further update at March's committee.

Action – Rachel Pollard to ensure that Jenn Orton attends March's meeting to provide an update with regards to deteriorating patient work.

12/18 Update report from community

No report was received and it was agreed to defer until February's meeting.

13/18 Junior Doctors issues

Ian McNeil was unable to attend this meeting and therefore the item was not discussed.

14/18 EPR Project Report

The update was moved to the information section

15/18 JAG accreditation (item no. 347/17 - Nov)

Ruth Kent attended the meeting and advised that following the GRS submission, DPoW was successful and will be visited in April 2018. It was agreed that a lot of hard work had been put into this bid and that the outcome was hopefully going to be positive. SGH has further work to do regarding waiting lists.

Tony Bramley queried with regards to the Goole washers and the 3-phased approach. It was suggested that further detailed consideration has to be given to the role and future of GDH endoscopy service following a considered move to utilised lists and with 7 day working. Following a query from Stuart Baugh with regards to staff changing to 7 day endoscopy lists it was advised that the a nurse-led model is being used at East Lancashire's Trust which would be assessed for this Trust.

The meeting noted the positive update with regards to JAG accreditation at DPoW; but wished to be kept up-to-date with the proposals for GDH. A review of outcome and longer term service including impact on patients would be needed.

16/18 Update of midwifery achievements /Personal account of NLaG

Dotty Watkins attended the committee to answer questions following the submission of an update. Dotty felt that the Trust was friendly and welcoming with staff working hard, however they require the tools to work smarter to allow progress to be made and then remain embedded. Work needs to continue at pace to see improvements but may still take a while. It was agreed that assurance is needed to ensure the Trust is heading in a positive direction with more understanding at ward level. Communication was considered to be key and the passing of information seems to stop at band 7 level. Staff huddles were vital. 65% of the cases seen in the Trust require an Obstetrician which is heavier than the national average and there therefore needs to be a good skills' mix available rather than simply judging by the number of nurses. Ashy Shanker provided assurance with

regards to progress work on a national level with regards to birth rate plus, red to green days, SBAR and fresh eyes initiatives. The national midwifery: patient average is 1:28 requirement (SGH are 1:25 and DPoW 1:30).

Cultural differences were highlighted between the two main sites and will take more time unpick and work through.

Peter Reading advised that he was aware of a lot of work done but advised that more needs to be done at ward level with regards to ward leadership, staffing and culture which himself and Tara Filby are discussing.

Since the last meeting the Trust has recorded 5 serious incidences (SI) in midwifery and this is now on the radar of NHSI and NSH England. Their involvement was considered to be helpful. An internal Root Cause Analysis with external evidence will be completed. The committee would have sought a further detailed update in February, but due to the next meeting taking place during school holidays and forecast attendance looking to be problematic, it was agreed for an special dedicated meeting to be arranged via Rachel Pollard to discuss the overall position within maternity including the SI's.

It was advised by Dotty that the post of substantive Head of Midwifery needs to be someone of experience with Dotty being involved in the recruitment process. This was agreed by the committee.

09:55 - Tina Sykes left the meeting

If required, Carrock Sewell offered support with regards to electronic documentation via nurses in EPR areas. It was advised that Dotty felt that external assistance would be of help from a legal perspective in having quality records; with Peter advising that Claire Pacey would be the person to discuss funding with.

17/18 General update with regards to Clinical Harm

Louise Glover sent her apologies to the committee and therefore it was agreed, after the meeting that this item shall be deferred until next month.

Action – Rachel Pollard to defer this item until February

Patient Safety

18/18 Nursing Escalations

There was no update from Nursing Midwifery Advisory Forum this month as the meeting has been moved back a week. However, Melanie Graves highlighted staff challenges within Medicine at SGH. Senior Nurse, Chrystal Fox and Simon Buckley, Deputy Associate Chief Nurse were looking in detail with regards to recruitment and retention as many staff were either showing signs of or are off sick due to exhaustion.

CNS's and corporate nursing are covering short falls when possible and the Trust continues to be on OPEL 3.

The impact of flu and sickness seemed to be managed quite well so far. A few patients are on our wards that have flu with staff continually encouraged to have the flu vaccination. Tara Filby and Maurice Madeo are updating the flu plan and it is planned to have 1 ward/area to manage patients with flu which is forecast to increase.

The nurses continue to monitor quality as routine but this may be done in different ways due to winter pressures. The environment audits and nursing dashboards have been paused but Melanie assured the committee that Matrons were still undertaking observations.

19/18 Discussion on quality priorities for forthcoming financial year prior to recommendation to the Board

The paper submitted is an annual process to support the annual quality account which has seen a number of changes. Although the committee noted the report it was agreed that it was too early to consider priorities until the new governance structure is in place. Wendy Booth updated the committee that following the approval at Trust Board there will be a quality governance group arranged to serve as a management meeting that will feed into this committee, work should be completed by the end of March 2018.

Action - It was agreed for Jeremy Daws to bring back the quality priorities update in February and then to Trust Board in March.

It was agreed that further work was needed to understand and support delivery specifically with regards to deteriorating patients on our wards that could have been prevented. This may be seen within the System Improvement Board - patient safety group to focus to take holistic approach. In addition, a focus on CQC actions to get there.

It agreed that with the addition of Improving Together programme things have improved since last year. The agenda for this meeting needs to work with the Improving Together agenda to enable monitoring and tracking of this work.

20/18 Get it right first time (GIRFT) Obstetrics and Gynaecology update

Ashy Shanker presented this report to the committee advising that there are variations of service delivery in UK. Obstetrics were considered to be good in terms of outcome with the only area of concern being instrumental to delivery at DPoW. An action plan has been produced and has shown a reduction in the numbers of concern. A few areas within Gynaecology were confirmed as requiring investigation and the Clinical Leads have taken this on board to look at criteria. Increase in patient feedback was identified as an area for improvement with help from Joanna Loughborough.

Ashy advised that the team of Gynaecologists is experienced and assertive to deal with these requirements coupled with the length of stay which is lower than the national average. Tony Bramley noted the litigation/claims and advised that this review should be linking to surveys, claims, comments and SIs etc. to have them pulled together as a unified comprehensive source of learning.

It was agreed for an update in May 2018 to this committee, as the report suggests completion of implementation of actions in April.

The meeting was happy to accept the item.

10:10 Ashy Shanker and Dotty Watkins left the meeting (just before item 6/18)

Clinical Effectiveness:

No items to discuss.

Patient & Staff Experience

21/18 Items referred from other meetings

No items were advised.

22/18 Escalation of risks to patient safety

Medicines' management - Kate Wood advised of the need for work on medicines' management within the A&E's for patients that often have complications. A business case for a prescribing role has been written and advised that approval should be via TMB. Prior to the submission to TMB, Peter Reading advised that a discussion with Marcus Hassall will be needed to acknowledge and understand the risks/costs. Melanie Graves also offered to discuss with staff in A&E and feedback to Kate Wood outside of this committee.

Action – Melanie Graves to discuss medicines' management within A&E and feedback to Kate Wood outside of this committee.

Post meeting note – It has been agreed that Chrystal Fox, Senior Nurse Medicine and Simon Buckley, Deputy Associate Chief Nurse discuss medicines' management within A&E and feedback to Kate Wood outside of this committee

Peer Review – oncology - A risk was identified and added to the risk register. Action plans have been pulled together and discussed with the NHSE. Patient Safety Group – System Improvement Board have asked for an update.

Action – Jeremy Daws to forward the letter received with regards to the peer review for Rachel Pollard to circulate to members of the committee.

Post meeting note to be added once the action had been completed.

11:50 – Carrock left the meeting

23/18 Items for Information

These items were noted for information purposes only. However, it was advised that a new chair would be needed for the medicine management meetings.

Action – Paul Fieldhouse to link in with Kate Wood to discuss a new chair of the medicine management meetings.

24/18 Items for Approval

Equality & Diversity Strategy – Karl Portz attended the committee to advise of the strategy and asked for approval. He highlighted that an additional monitoring section had been included. Not all comments have been received although it was not thought that any significant changes would be made. The committee noted that they were making recommendation to the Trust Board along with the Workforce Sustainability Committee.

It was agreed that the strategy be approved providing no major alterations following stakeholder feedback.

25/18 Items to highlight to the Trust Board

- How the Trust selects time critical patients for treatment during the winter pressures' moratorium.
- Strategic Plan for GDH.
- Actions in terms of clearing the backlog of EPR letters.
- Discussion around maternity – separate meeting called.
- Forthcoming quality priorities.

26/18 Any Other Urgent Business

Air temperature of ambulance outpatient waiting area at SGH – It was advised that this area appeared to be cold and with many frail and elderly wait there it was of concern.

Action – Peter Reading agreed to discuss with Jug Johal outside of this meeting.

27/18 Meeting Review

The Trust Board's December 2017 meeting had agreed a major overhaul of governance arrangements and more information will follow on the impacts on this committee.

28/18 Date and Time of Next Meeting

The next meeting will take place on **Wednesday, 14th February 2018, 9.30 am - 12.30 pm in Main Boardroom, Grimsby Hospital**