

NLG(18)315

DATE OF MEETING	28 th July 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 – July 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 July’s Quality and Safety meeting for information purposes.
TRUST BOARD ACTION REQUIRED	For Information Only

Meeting: **QUALITY & SAFETY BUSINESS COMMITTEE**
 Date: **Wednesday, 11th July 2018**
 Time: **09:30am – 12:00 noon**
 Venue: **Boardroom, Scunthorpe General Hospital**

PUBLIC MINUTES

MINUTES OF THE MEETING

Tony Bramley	Non-Executive Director (Chair of the meeting)
Angela Wood	Interim Deputy Chief Nurse
Kate Wood	Acting Medical Director
Sandra Hills	Non-Executive Director
Raj Johal	Quality Assurance Manager
Lydia Golby	Nursing Lead for Quality
Kathryn Helley	Interim Improvement Programme Director

In attendance

Tracey Slattery	Healthwatch – North East Lincolnshire
Jennifer Allen	Healthwatch – Research Officer (North Lincolnshire)
Craig Ferris	Head of Children's Nursing
Richard Painter	Named Nurse - Mental Capacity and DOLS
Kelly Burcham	Head of Risk and Clinical Audit
Shafia Bibi	Risk & Datix Analyst

Rachel Pollard (for the minutes)	PA to the Chief Nurse
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183/18 Apologies for Absence:

Nick Mapstone, Jeremy Daws (Raj Johal representing), Tara Filby (Angela Wood representing), Shaun Stacey (Kathryn Helley representing), Rob Pickersgill and Peter Reading.

184/18 Declaration of interest:

There were no declarations of interest to note.

The Chair confirmed that following discussions at the Council of Governors that the Trust Board in June 2018 had approved Governors to take part in discussions and debates at Board Sub-Committees; but that they will not be involved in decision-making as this may compromise their constitutional position.

185/18 Minutes of the Previous Business Meeting (June 2018):

Public minutes - were accepted as a true and accurate record. Updates were given as below:-

141a/18 – **NATTSIPs** – Scoping had commenced but minimal work had been completed due to the allocated staff member's other commitments. Kate Wood is to speak with the line manager and indicated that she will report back if there are any issues.

Action – Rachel Pollard to add the action into the action log for Kate Wood to report back to the committee if there are issues.

151/18 – **Dictate IT** - Jackie France had not forwarded the breakdown information to Sandra Hills.

Action – Rachel Pollard to leave this question live in the action log.

186/18 Review of Action Log

172/18 (June 18) – **Royal College Review**. The review outcome report is due any day. The team will first need to review the outcome and discuss internally and can then feed in lessons learnt to the committee. It was agreed to keep on the action log.

187/18 WHO quarterly update

It was agreed to defer the item until August 2018 as Helen Davis did not submit an update or attend the committee.

188/18 Quality & Safety priorities

189/18 Overview of Quality & Safety Issues

Continuing pressures Trust-wide with previously seen winter pressures continuing all year. Pressures remain with regards to flow rather than staffing. The Trust has approx. 83% fill rate for new intake of junior doctors joining the Trust at the beginning of August; this was seen as very positive compared to previous recent years and will proactively fill gaps. Work continues with clinicians to improve the quality of the care.

Angela Wood explained the Ward Excellence programme which was being piloted with initial positive feedback received. The committee asked about the level of nurse that shall be completing the audit questions and it was confirmed that for adequate audit and validation reasons the programme had to be supported by a senior nurse with the manual collections being done via a more junior staff member.

A quality score card is being developed that will advise on patient harm and HR processes. It was envisaged that one score card will be used for the integrated quality report. The process of inputting the information will be more labour intensive to begin with until the electronic requirements are confirmed. It was advised that full quality data would be available for September's meeting and it was asked to be added to the agenda. It was understood that there could be some issues with collating data for specific wards but will be closely monitored and improved if required.

Action – Rachel Pollard to ensure that a score card update is seen at September's meeting.

Lydia Golby enquired with regards to concerns with emerging waiting times for respiratory appointments with the committee unaware of the situation.

Action - Lydia Golby to send information to Kate Wood.

Angela Wood advised that a weekly harm-free care board will be arranged to review patient harms and RCA's. It was envisaged that Ward Sisters and Matrons will present their harm-free care proposals at the meetings. Sandra Hills asked Angela Wood to forward the terms of reference once completed.

Action – Angela Wood to send the Harm Free Care Board's terms of reference to Sandra Hill.

Post meeting note to be added once the action is confirmed

190/18 Integrated Quality Report

Raj Johal presented the report in which she advised it was not fully populated due to the timescales of this committee.

Raj advised of examples of the early warning scores and how it is being developed. It was advised that the information seen within this document will be fed from the score cards and the committee will be able to identify the appropriate indicators to form part of the new Performance Management Framework.

It was agreed that indicators need narratives including targets and/or benchmarks. National targets will be taken into consideration to include stretch targets and the ability to make a fair comparison. In addition, the greyed-out areas were confirmed to be where data was not yet available.

Sandra Hills queried the pressure ulcers figures and this was discussed and confirmed.

The committee noted that progress is being made and with the development of national comparatives, trajectories of waiting list approval, clinical harm review outcomes and identifying trends on areas of concern this should satisfy the committee's needs.

192/18 Improving Together highlight report with a focus on Clinical Harm and Mortality update

Clinical Harm Review – Kate Wood has taken over the line management of this work in June 2018. Attached to the agenda was the Improving Together report. Progress has been slow following the unexpected leave of a staff member. There have been no indications of harm with the meetings continuing to go through the numbers. The process with regards to aligning patients with appointments continues. Concerns were raised with regards to adequate oversight to ensure those patients with the greatest need are seen first. It was advised that this will be discussed and confirmed via the Planned Care Board.

The date by which GPs have to reply to the Trust has been extended until the end of July 2018 and once this date has expired, the GPs will no longer be able to see the information and all notes will be pulled back to Consultants in the Trust. Future updates will be discussed at Trust Management Board.

The committee noted the red-rated actions and it was advised that these require targeted work. Lydia Golby asked a question with regards to getting an indication of the system that is in place to monitor harm risk or control whilst people are waiting. Kate Wood advised that GPs would pick up if their patient deteriorated or has a change in condition. GPs are also aware they can phone the clinic secretaries. Tony Bramley advised of a presentation that went to Council of Governors on 10th July 2018 which advises of the latest position with regards to patient access.

Action – Rachel Pollard to attach the Council of Governors' paper which advises of the latest position with regards to patient access.



9.4.2 - RTT
Improvement Plan (1)

Ophthalmology patients with confirmed glaucoma have been added and flagged on the system as appropriate.

It was confirmed that to mitigate the risks various staff members are now working on this and will not be left to one person.

Mortality – A draft mortality plan is available with comments invited.

193/18 Board Assurance Framework (BAF)

Wendy Booth advised that the BAF had been strengthened to ensure it is closely aligned with risk register. Trust Board Sub Committees will review their own sections. This committee will review all quality and safety risks and, for the time being at least, workforce risks as well. It was noted that the report attached to the agenda was slightly out of date but in future it was agreed that this committee will review a month before the Trust Board to take a position/make a recommendation to the Trust Board.

Tony Bramley advised that the information within the tables is sense-checked to ensure the committee are clear as to the requirement (specifically the rating of the assurance controls and their impact on the mitigated risk score and clearer evidence of progress towards the target risk score). It was advised that the new integrated performance report will help triangulate the information. If concerns are raised these will be referred to the relevant Executive and also via the Audit, Risk and Governance. The old risk register has been reinstated and will be discussed within a confirm and challenge group attended by the divisional management and chaired by Wendy Booth.

Angela Wood advised of the out of date information on the risk relating to nurse staffing figures. Risks will be reviewed in line with the conversation held. The committee asked for milestones with regards to Organisation, Culture and systems information.

10:10 – Kathryn Helley joined the meeting

10:30 – Wendy Booth left the meeting

194/18 Compliance with NICE guidance

It was confirmed that NICE guidance compliance was at 89.2% which was an increase from last year figure of 40% compliance. The attached report identified that divisions have to assess the guidelines with legitimate reasons why they are not compliant. Divisional governance leads are confirmed within the groups to lead on the gaps and action plans created. Sandra Hills raised concerns with the patient safety actions that they appeared out of date, and also queried if they had been added to the risk register. Raj Johal agreed to confirm if the actions were on the risk register and report via a post meeting note.

Action – Raj Johal to confirm if the outstanding patient safety risk actions were on the risk register and report via a post meeting note.

Post meeting note to be added once the action is confirmed.

The KPMG outcome review is due soon and the committee asked that she ensures it is seen at this committee.

Action – Kate Wood to ensure that the KPMG outcome report is seen at September's committee.

Lydia Golby queried the work with regards to sepsis (not been assessed in areas). It was advised that Jeremy Daws would be linking this into the deteriorating patient work with Adelle Lloyd.

The committee noted the report and the increase in percentage of compliance. They asked that actions are measured via each governance group; and that the divisional structures need to own their risks as part of the audit process.

195/18 Matters Arising

196/18 Revised position with regards to GIRFT update (item no. 172/18 – June)

Ashy Shanker did not attend the meeting therefore it was agreed to defer the item until August 2018.

Action – Rachel Pollard to invite Ashy Shanker to the meeting in August

197/18 Outcomes of CNST work

Kate Wood advised that the Trust is to attempt to achieve all 10 standards that have a monetary value with evidence already submitted demonstrating partial achievement. A business case has been put together for areas that could not meet the standards, some of which were out of the Trust's control as they lie either with Public Health or Commissioners' decisions

Action – Rachel Pollard to timetable a periodic review of CSNT achievement.

198/18 Somerset validation update (item no. 172/18 – June)

Manual checking of patients is to be done to ensure that they appear on CAMIS as well as on Somerset with the outcome escalated to NHS England. The committee asked for an update at November's committee.

Action – Rachel Pollard to add Somerset validation to November's committee.

199/18 Patient Safety

200/18 Update report regarding deep dive into Pressure Ulcers

Allison Schofield, Lead Tissue Viability Nurse attended the committee to update on pressure ulcers following an increase in incidences especially in grade 2's.

The committee discussed the similar profile (although different rate) of the Grimsby and Scunthorpe sites and the fact that they seemingly track each other. This could have been due to basic care or cultural issues but as a whole was unknown.

New pressure area pathways have been embedded at Scunthorpe much quicker than Grimsby.

A new national pressure ulcer framework is to be introduced to the Trust with all grades of pressure ulcers regardless of 'unavoidable / avoidable' will form part of lessons learnt with reporting equal. Moisture lesions will also be reportable. A review of the RCA processes to ensure there are more robust is underway and will be seen within the new harm free care board. Conversations are underway with commissioner's regards to reporting but will be part of the scorecard's information.

Early intelligence has suggested that pressure ulcers have reduced since the issuing of this data for the month of June 2018.

A band 4 trainee nurse is to be employed in the community to educate staff within nursing homes with bespoke delivery of training. Training within hot-spot areas has already commenced in the acute setting. Positive outcomes for the areas have been seen. Community services have bespoke training in place for staff booked throughout the summer with equipment coordinators working with the patients to satisfy needs. A change of culture within teams is needed with the wards owning the work rather than a Tissue Viability Nurse. Alison Schofield has met with the communications team to celebrate good practice and rewards and recognition.

Craig Ferris advised that there was a clear link from pressure ulcers to safeguarding with the Trust looking to incorporate safeguarding issues within the score sheets.

The committee thanked Alison for attending the meeting and agreed for an update on progress to be given at October's meeting.

Action – Rachel Pollard to ensure Alison Schofield is invited to attend the October's meeting to provide a process report with regards to pressure ulcers

201/18 Invited members' items

202/18 Mixed Sex Accommodation (MSA) update report

632 breaches had been reported mostly within Ward 22 and CCU which was advised to be due to the environment. Angela Wood and Lydia Golby are working on a plan to have a resolution in which the HoB's policy will be part of the review. There is a capital bid to relocate CCU facility. Information is to be shared internally to allow staff to make themselves aware of MSA. Patients are kept well informed with no complaints received. Angela Wood is to look at a process to review the breaches that shall be reported monthly. The breaches are continued to be monitored on Web V and training for new recruits and on-call managers is underway.

The committee noted that increased in breaches but understood that this will continue for some time. The Committee noted the work done and ongoing.

203/18 Annual Safeguarding report

Craig Ferris attended the committee advising of issues at present within the Humberside area. Many themes were considered to be low level risks but under 'Prevent' lone extremists being a worry. NLAG safeguarding team have a close working relationship with a learning disability context so knowledge with regards to patients is shared. The existing safeguarding boards will cease and replaced in the near future. All actions will remain similar. Key areas were listed including child sexual exploitation, domestic abuse and child neglect. Craig Ferris felt that the 0-19 age agenda does not work especially in North East Lincolnshire, this issue has been highlighted. A local flagging system is in place within the ECC and A&E with regards to CPS and will be integrated from 1st April 2019.

Tracey Slattery raised a question with regards to the escalation of Looked after Children (LAC) cases in North East Lincolnshire. Craig Ferris reminded the committee that LAC had a limited resource allocated to it and the numbers do continue to escalate. An increase in funding (20%-25%) is hoped for.

Independent advisors work within the teams and a LAC nurse deals with children that attend the hospital that are out of the area. This works well.

Tony Bramley encouraged Craig Ferris to attend the committee for support on issues if needed.

The committee accepted the report and will recommend it to the Trust Board.

204/18 Annual MCA DOLS report

Richard Painter advised of a 46% increase in DOLS' referrals and advised of the positive work with Learning Disabilities and Dementia Nurses. The Trust has seen a larger increase in Grimsby than Scunthorpe that is due to allowing telephone referrals. The quality of some DOLS' assessments needs further work. Improvements have been made with regards training to allow staff to complete effective DOLS' referrals along with consent and capacity. A new bill with regards to liberty safeguards is anticipated with more responsibilities lying with the Trust

to see which referrals to go forward to an assessor. This process is to save the courts' time. Richard confirmed that he continues to visit wards and areas within the Trust to provide training and support where needed.

The committee asked that Craig and Richard attend a future meeting if there are any meaningful announcements concerning changes in proposed statutory arrangements.

Action – Craig Ferris and/or Richard Painter to attend a future meeting if there are any meaningful changes in statutory arrangements.

The committee approved the report and recommend it to the Trust Board.

205/18 Quarterly Incident Analysis report

The report provided detailed analysis in Q4 in Datix as an aid to identify trends. It was noted that the documents are work in progress but show the important details to provide assurance. Kelly Burcham advised of the key issues and where leads are needed. It was noted that the report was extensive and had a degree of overlap with the Serious Incident paper. It was agreed that if possible in future one report shall be submitted to the committee to include all themes.

Sandra hills raised a query with regards to violence towards staff incidents (one staff member to another) and it was confirmed that the Trust's security group discusses these cases.

The committee noted the themes, especially in relation to falls. It was agreed to have a deep dive in August or September.

Action – Rachel Pollard to ensure that the deep dive into Falls is seen at a future committee in August or September.

Tony Bramley noted the RAG rating needed amending on item 6.3.

Action – Kelly Burcham to amend the RAG rating.

The committee noted the progress and looks forward to a revised draft report format.

206/18 Serious incidents (SI's) and Never Events update (including Maternity serious incidents)

Since September 2016 there has been an increase in open SI's, showing 92 currently open. The main reason was due to a lack of progress within the action plans.. Recent workshop held and recognised that the SI processes have improved and that the Clinical Commissioning Groups have no concerns. In depth analysis with regards to the themes and trends are ongoing especially in Medicine and also Community. A deep dive has been completed with regards to patient misidentification with EEC having the highest number of reported issues with labelling of bloods. Mapping, including simulation process has been done with an update given to this committee via Chrystal Fox, Associate Chief Nurse in April 2018.

Tony Bramley noted the reporting of OEWS within ECC and advised he had limited assurance. Kate Wood advised of a manual override that was needed to ensure the correct process was followed.

Action – Rachel Pollard to ask Lucy Sutton–Kent to provide update with regards to the above and add into a post meeting note.

Post meeting note to be added

The committee agreed that in order to better manage its workload to reduce the regularity of the reporting to bi-monthly.

207/18 Clinical Effectiveness

208/18 PROMS Quarterly Report (Annual report)

The committee noted the high numbers of pre-op's in relation to actual operations and could be due to cancelled operations, although this wasn't confirmed.

The meeting noted the report with questions, and agreed to further reviews planned quarterly reporting.

209/18 Clinical Audit report 2017/18

The report showed participated projects. Although there was not year-end data, 30 projects were to be carried forward to 18/19. It was considered important to learn from the audit and put in to practice.

Raj Johal advised that when limited assurance is reported the audit department re-audit. Escalation via groups will continue and if actions are not progressing they will be brought to this committee.

A new meeting structure will move the audits of clinical effectiveness to have governance strands fed to divisional governance groups to have oversight of the audits. It was advised that audits needs to be integrated through the groups and not to work in isolation.

The committee required confirmation with regards to what actions the management are undertaking and what will be a referral to the Quality Governance Group.

Due to gaps in the report it was agreed that Kelly Burcham provide the committee with a combined report to enable to committee to assess the actions within it.

Action - It was agreed for Kelly Burcham to provide a combined report incorporating both PROMS and clinical audit information for the next meeting to understand how the committee govern the work.

Action – Rachel Pollard to add the above item to Augusts meeting

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Action - It was agreed for Kelly Burcham to provide a combined report incorporating both PROMS and clinical audit information for the next meeting to understand how the committee govern the work 210/18 Clinical Audit forward report 2018/19

The report contained basic information and identified Trust priorities identified via the SI action plan, with processes confirmed to be in place to see the separation between audit requests and audit approvals. It was agreed that the report should be seen again at this committee in August 2018 once it had been populated.

Action – Rachel Pollard to ensure this item is seen on the agenda in August 2018.

211/18 Patient & Staff Experience

Items covered in other sections

212/18 Items Referred from other meetings

213/18 Quality Review Group update

Rob Pickersgill could not attend the meeting. The QRG had concerns relating to waiting lists and RTT in particular and it was agreed to attach their report to these minutes.



QRG Highlights
Report (10072018).d

214/18 Escalation of risks to patient safety

No further risks were identified

215/18 Items for approval

216/18 Decontamination Strategy

Gavin Cogley attended the meeting but the committee had not had sight of the report beforehand therefore it was agreed to add the strategy to the next meeting in August 2018.

Action – Rachel Pollard to add the decontamination strategy to the next agenda for August 2018.

217/18 Items to highlight to the Trust Board

- Principles sitting behind the redesign of the integrated quality report (5.2)
- Concerns around the clinical harm review process (5.3)
- NICE compliance reporting and risk assessment (5.5)
- Capital investment on MSA (8.1)
- PU reporting change not to have 'avoidable' and 'unavoidable' distinction (7.1)
- Recommend annual safeguarding report(8.2)
- Recommend MCA DOLS report (8.3)
- Highlight governance concerns in Clinical Audit (10).

218/18 Any other urgent business

12:30 – Kate Wood left the meeting to respond to an urgent telephone call

- 219/18 Lung Cancer 62 day performance and QST non-compliance (Lung MDTs)**
Action – Tony Bramley to discuss the item with Kate Wood outside of this meeting.
Post meeting note to be added once the action had been confirmed
- 220/18 Gosport War Memorial Hospital Report Findings and the Use of Grasby Pumps**
The item was placed on the agenda to ensure awareness of the issues. It was confirmed that Grasby pumps are not used within this Trust.
Action – Tony Bramley to discuss the item with Kate Wood outside of this meeting.
Post meeting note to be added once the action had been confirmed
- 221/18 National Bowel Cancer Audit: Potential outlier on outcome measure**
Action – Tony Bramley to discuss the item with Kate Wood outside of this meeting to satisfy the outcome measures.
Post meeting note – The Trust has asked for a deferral for data submission as the national data produced does not correlate with our local data due to the number of assumptions made by the ‘national team’.
- 221a/18 Respiratory routine appointments**
Lydia Golby queried referral times are for respiratory appointments, especially that related to Tuberculosis patients in North East Lincolnshire. With some patients allegedly waiting for at least 8 months.
Action - Lydia Golby agreed to address concerns to Kate Wood within a formal letter.
- 222/18 Meeting Review**
The Chair reflected that the meeting had overrun by 55 minutes despite: (a) Not taking all the items originally set out on the agenda; (b) not dealing with any workforce matters; (c) not discussing anything arising from the 18 items in section 19 of the agenda, and: (d) with no comfort break.
Agenda and report management and control clearly therefore remains a challenge; notwithstanding our move to a bi-monthly business cycle.
- 223/18 By exception, any private items to be discussed by the committee**

Items were invited and no items were discussed.
- 224/18 Items for information**
The items were noted for information purposes only
- 225/18 Date and Time of Next Meeting**

The next meeting will take place on **Wednesday, 8th August 2018, 9.30 am - 12.30 pm in Main Boardroom, Grimsby Hospital**