

Quality and Safety Committee

Key summary points from the Quality and Safety Committee Meeting held on 19th July 2017

1. The Quality & Safety Committee visited the Surgical Day Case Centre. Some of the beds, currently used as short stay surgical beds are being returned to Day Case Surgery within the planned re-organisation. Staff expressed concerns that the space may be used to house medical patients during times of escalation. This is problematic as there are concerns about the skill mix of available staff including agencies to manage patients remotely from mainstream clinical areas.
2. On the day of the meeting, the Trust was under considerable pressures. The Committee heard that criterion based discharge might help considerably in improving patient flow. This requires urgent attention.
3. As previously noted, the Committee have concerns about the Serious Incident (SI) process, including the use of appropriate tools to determine credible root cause analyses (RCA). The Trust should look at the current capacity of the Patient Safety Team as a step to support improvement

David Lee
Chairman, Quality and Safety Committee
20 July 2017

Meeting Notes of Quality & Safety Committee Meeting
Wednesday 21st June 2017
Room C, Education Centre, PRH

Attendance	
David Lee (DL) Deirdre Fowler (DF) Sara Biffen (SB) Alex Brett (AB) Paul Cronin (PC) Julia Palmer (JP) George Rook (GR) Terry Mingay (TM) Brian Newman (BN) Clare Jowett (CJ) Helen Jenkinson (HJ)	Non-Executive Director (Chair) Director of Nursing, Midwifery & Quality Deputy Chief Operating Officer Deputy Workforce Director Non-Executive Director Head of Patient Experience & Complaints Patient Experience Information Panel Representative Non-Executive Designate Non-Executive Director Head of Assurance Deputy Director of Nursing & Quality
Apologies	
Edwin Borman Harmesh Darbhanga	Clive Deadman
In attendance: Julia Clarke (JC) Dee Radford (DR) Colin Ovington (CO) Louise Allmark (LA)	Director of Corporate Governance Associate Director of Patient Safety Associate Director Executive Assistant (Minutes)

Agenda No	Notes	Action to be taken and by whom
1.0	Opening Remarks	
	DL welcomed those present and thanked everyone for attending. Non-Executives and Executives have been invited to today's meeting to discuss the Maternity Review paper, apologies received from Clive Deadman and Harmesh Darbhanga.	
2.0	Minutes/Actions from Previous Meeting	
	<ul style="list-style-type: none"> • Minutes from previous Quality & Safety Committee (QSC) Meeting agreed as a correct record. <p>Actions: SB advised the Committee that Theatre Swab Boards had been purchased on both sites.</p> <p>DL contacted Simon Wright to raise Committee's concerns regarding escalation of current risks, SW tasked a member of staff to contact DL, no contact made. DL to chase SW, action will remain on action log until complete.</p>	
3.0	Declarations of Any Other Urgent Business	
	<ul style="list-style-type: none"> • Midwife Led Units (MLU): Staffing to be discussed as part of Maternity Update 	
4.0	Safe/Effective/Caring/Responsive/Well-Led	
	<p>Board Assurance Framework: Revised BAF to be presented to Trust Board, agreed that the Committee will work to existing BAF today and work to revised BAF from July 2017.</p> <p>Maternity Update: CO has completed an over view of Maternity Services from 2007 to 2017 for Trust Board, a draft copy of the report has been distributed to the Committee for comments. A Maternity Stakeholder meeting has been arranged for 27th June 2017 and key medical stakeholders have been invited to the meeting. The focus of the report is on key findings over a ten-year period, the Care Group have been very helpful in retrieving documents however issues/difficulties were identified when staff were trying to retrieve information, learning for the Care Group regarding filing systems. Information was collected from Datix and STEIS systems, STEIS is an external NHS system. The Committee raised concerns as the number of incidents reported on Datix is less than STEIS, discussions held regarding what is being reported externally that is not being reported internally, staff can report/load incidents to Datix system and the Patient Safety Team report to STEIS. There may be a limited cultural approach to reporting incidents on Datix within the Trust, a review of Datix is being commissioned</p>	

Discussions initiated regarding case from 2009 and why the death wasn't recorded as a Serious Incident (SI), focus was on transfer rather than the incident itself. Definition of SI's have changed over a period of time internally and externally there are also discussions on-going regarding what should and shouldn't be reported, CO advised the Committee that it is always wise to report an incident as can be de-escalated if required.

CO advised the Committee that a Root Cause Analysis (RCA) is a comprehensive tool but does not provide an in-depth analysis as to what went wrong, following a review of 10 Maternity RCA's that information from the death certificate was being reported as root cause without further in depth analysis.

CO reported that the Care Group had achieved Level 3 Clinical Negligence Scheme for Trusts (CNST) in the 27 Polices that were required and all Polices were in place.

There are 155 Policies/Guidelines within the Care Group which are reviewed a minimum of every three years, the Care Group are currently reviewing out of date Policies. CNST state that if the required Polices/Guidelines are not in place they will not pass. Policy is dictated and staff can face disciplinary action if not adhered to.

CO reported that historically Maternity Services relied on the Local Supervisory Authority (LSA) Process, the LSA was an external reporting mechanism, this is no longer in statute.

The Royal College of Midwives will review maternity audits, an audit is assurance that effective action plans have been embedded. If there is no action plan in place there is a risk that no improvements will be made.

CO reported that there has been a change in Leadership of the Care Group during the last 10 years, new Managers are implementing changes, two new leaders have been in place for last 9 months and changing the culture of the Care Group, culture is shaped by Trust Values but also the people. CO advised that the Leadership Team are struggling with priorities within the Service/Trust and they require support. Maternity services are completing superb work and show a keenness to improve. There is an absence of learning culture in Maternity although some common elements have been identified throughout the Trust.

Concerns have been raised regarding obstetrics, need to ensure when referring to the Maternity Service include Maternity Team as a whole service. Learning from others has been discussed with obstetricians, an external peer review of infant deaths has been completed.

The Trust and maternity services have signed up to the 'Sign up to Safety Plan' and a detailed action plan has been produced. The plan is not common knowledge within the Trust which could cause confusion for service and staff, discussions held regarding the Trust having one action plan rather than several plans.

Assurance and Accountability: Care group leadership see Leaders as the Executive Team and see themselves as Managers not leaders. CO advised that the Leadership Team within the Care Group need to work collectively as a team and rule to lead the care group, they are currently under too much pressure and need support from executives not just within the care group. Requires consistency with organisational approach which includes role of executive team and role of care group team's.

A discussion was initiated regarding a link to Virginia Mason Institute (VMI) culture, VMI would be an essential bridge for the care group to move forward with the support of Executives.

Discussions initiated regarding understanding of quality & safety within all care groups, executives meet care groups annually, this is a focused meeting and is chaired by the Chief Executive. Conversations held regarding how executives and board identify gaps in leadership and address. The Trust are running internal Leadership Programmes that Managers/Team Leaders can attend.

Part of being a well-led team is to see potential risks, discussions initiated regarding how the care group/executives are aware of risks and how they could be mitigated or avoided. A RCA training programme for staff will be implemented, the programme will ensure training in on-going. After discussion it was agreed that the Clinical Governance Executive (CGE) Group are to identify a timescale for RCA Training and provide the QSC a review of the Clinical Governance process.

Discussions initiated regarding the Trust implementing a standardised approach within the care groups, following discussions it was agreed that the Terms of Reference for CGE are to be reviewed and establish which Committee CGE are accountable to.

Discussions initiated regarding the safety of Maternity Services and what tools can the Trust use to review and measure issues. Governance includes culture, operational and relationship, Executives acknowledge that issues need to be dealt with head on, the role of the Non-Executive is to establish that the Trust are running safe services. After discussion it was agreed that CO to demonstrate in report what is required for a safe service. BN initiated a discussion regarding the Trust proving that it is providing a safer service than in 2007, Safety is dynamic, need to ensure Governance processes are in place, the Care Group need to show measures and communicate to Trust Board.

CO advised the Committee that the Trust's Perinatal Death rate is at the lowest in five years, in 2016 the Perinatal Mortality rate is similar to the UK rate. All Perinatal Deaths are subject to a formal review at the minimum.

GR informed the Committee that stakeholders/users want assurance from the Trust and asked if the Trust involved users or potential users as much as they could. The Trust have previously arranged Patient Experience events and they have not been well attended.

DR to discuss a timescale for RCA Training from CGE Group and feedback to QSC

DF to discuss CGE Terms of Reference with Edwin Borman

Maternity staff are feeling a change in the culture in the service and feel that they can be open and honest raise any safety issues. CO advised the Committee of the growing challenges in midwifery, during the last six months the service have maintained static sickness rates and have seen an increase at Ludlow Midwife Led Unit (MLU). There is currently six whole time vacancies that the service is unable to recruit. Staff's goodwill to cover shifts has reduced. The service will not use Agency staff as this could be a quality risk to Patients. Currently 50 shifts are not covered within Obstetrics for July 2017, this has been escalated to the CCG's and will be raised at Exec Meeting. A paper is being produced regarding the suspension of services within two MLU's, 85% of deliveries are now on the Consultant Led Unit. 99.3% of women who use the service are happy with treatment received.

The Committee thanked CO for the report which will be shared with Stakeholders on 27th June 2017.

Maternity Review Action Plan: CO advised the Committee that there are four outstanding actions. Action regarding one midwife still to be addressed, the Trust have commissioned Capsticks to review the case and there are issues still to be addressed regarding one medic. Disciplinary process started in 2016. The Risk Management Strategy will be presented to Trust Board on 29th June 2017 for sign off. Agreement has been made not to produce a video of one of the incidents, production of a learning video is being considered. 22 Midwives and 5 Doctors have received RCA Training within the Care Group.

Maternity Dashboard: Discussions initiated regarding Maternal Outcomes, concerns raised regarding increase of 9.5% in May 2017 compared to April 2017. Following discussion it was agreed that SB would request an explanation and evidence from Care Group and also discuss how upper limits are set within the dashboard.

The Committee noted that the dashboard only provide information from April 2017, require 12 months data to identify any trends, LA to request data to be provided in a rolling/moving format over a 12 month period with Care Group

Never Event Update: The Committee received a RCA report regarding a Throat Swab left in a Patient following dental surgery in November 2015, the Committee had previously rejected this report as the RCA indicated the incident occurred due to time pressures, following analysis it was concluded that the Theatre Department were not under any time pressure. RCA Report identifies contributory factors not the actual root cause, time pressures were real, staff followed the policy. Staff did feel pressured, they had five cases that day and 90 minutes had been allocated for this procedure, the predicted timescale was 1 hour late and staff rushing lead to deviation from Policy. The procedure took 25 minutes rather than 90. Discussions initiated regarding unacceptable length of time of returning RCA to Committee, DF assured the Committee that prospective issues will be addressed in a timely manner.

SB to request explanation and evidence regarding Maternal Outcomes.

LA to request data to be provided in a rolling/moving format over a 12 month period with Care Group

Quality Account: The Committee received the Quality Account, following approval from Quality & Safety Committee the Quality Account will be presented to Trust Board for approval. The Quality Account will then be loaded to NHS Website on 30th June 2017. The majority of the document is mandated, the most important task for SaTH is to how we act on our priorities and identify how we move forward. Discussions initiated regarding Priority Two, Developing our culture of openness, leading with compassion and kindness is well embedded within the Leadership Academy. AB and DR to review inclusion of Leadership Academy in Quality Account. Discussions initiated regarding Equality Delivery System, GR raised concerns regarding issues to be reviewed, need to decide metric and measures to follow. DF recently met with Mary Beales, objective for Graeme Mitchell, Associate Director of Patient Experience to re-energise Equality & Diversity Committee with the assistance of Mary Beales. The Workforce Committee and Trust Board are aware of the need for work in this area.

The Committee requested an explanation regarding MRSA Cases to be included in Quality Account.

The Committee received an update regarding Care Quality Commission (CQC) Report, the Trust are still receiving data requests and report is not available, the Trust have formally raised concerns as inspection was held in November 2016.

The Committee thanked DR for her work in producing Quality Account

Complaints Annual Report: The Committee received the Annual Complaints & PALS Report for 2016/17, a total of 422 formal complaints and 1908 PALS contacts were received by the Trust during 2016/17. A benchmark exercise was completed which identified an increase in complaints received.

Complaints regarding communication is the second highest complaint within the Trust, JP and the team are carrying out lots of work and attending Care/Staff group meetings to discuss complaints, recently attended a Nursing Midwifery Forum (NMF) Meeting requesting Nursing staff to alert Complaint's/PALS Team of any issues while a Patient was still admitted. Patients are reluctant to complain while they are an Inpatient.

The Complaints Team ensure every complainant receives a written response signed by Simon Wright, the response letter contains an apology and explanation of what actions will be taken, actions are then reviewed with the Care Groups. Discussions initiated regarding helping staff understand how good learning works and embedding this learning throughout the Trust, communication also involves staff behaviour i.e. welcoming a Patient onto a Ward. A Patient Story was presented at the last Trust Board where Clinicians were criticised for their communication between staff.

AB and DR to review inclusion of Leadership Academy in Quality Account.

DR to request explanation regarding MRSA information from Infection Control

	<p>The Trust welcome complaints as a rich source of learning, DF raised concerns regarding the response time to respond to a complaint, the Complaints Team are seeing improvements, a robust plan is in place and open complaints are reviewed on a weekly basis. JP produces a monthly report for Care Groups prioritising complaints. Complainant are informed of the procedure followed and complaints are acknowledged within three working days, if the complaint is complex the Complaints Team will also contact the complainant with explanation. The Committee thanked JP for the report and expressed their assurance that implementations have been made to improve the service.</p>	
5.0	For Discussion	
	<p>Ward Assurance Feedback: Visit to ITU, PRH. The Department was calm and well ran, Matron/Sister in charge were very competent</p> <p>Quality Performance Report: The Committee received the Quality Performance Report (QPR), the report has been re-designed and at the request of the Clinical Quality Review Meeting (CQRM) additional assurances are now included. The Trust are not compliant with Mixed Sex Accommodation (MSA) requirements due to the number of Patients that wait more than 12 hours to be transferred from our Critical Care Units</p> <p>The Trust have reported five SI's during May 2017, the Clinical Commissioning Groups (CCG's) have agreed to close one incident.</p> <p>Discussions initiated regarding two Falls, a Fracture Neck of Femur Patient was identified as being at risk but had capacity on admission to Hospital, on transfer to the Ward and was placed in a bay where could be observed when mobilising. Following the risk assessment procedure this incident was serious but not classed as a SI, correct processes were followed and the incident was not reportable on STEIS system. The latest National guidance has raised the bar on what is classed as a SI.</p> <p><i>Policies for Approval:</i></p> <ul style="list-style-type: none"> • Four Policies presented for approval: <ul style="list-style-type: none"> Safer Moving & Handling Policy Security Management Policy Safeguarding Supervision Policy (Maternity) COSHH Policy <p>The Committee approved all Polices</p>	
6.0	For Information	
	<p>Minutes from Meetings: <i>Patient Experience Information Panel:</i></p>	

	<ul style="list-style-type: none"> Received for Information <p><i>Infection Prevention Control Committee (IPCC):</i></p> <ul style="list-style-type: none"> Meeting was not quorate, Terms of Reference to be reviewed IPCC sits under the Health Act Legislation 2006/10, expectation from the Q&S Committee that meeting is quorate. SB raised Committee concerns at recent Chief Operating Officer Meeting. <p><i>Clinical Governance Executive</i></p> <ul style="list-style-type: none"> No meeting held <p><i>Operational Risk Group Meeting</i></p> <ul style="list-style-type: none"> Received for Information 	
7.0	Date and Time of Next Meeting	
	Wednesday 19 th July 2017 at 2.30 pm in TCI Training Room, RSH	