East Suffolk and North Essex NHS Foundation Trust

QUALITY & PATIENT SAFETY COMMITTEE

Minutes of the meeting held on 26th March 2019
Directors' Seminar Room, Trust HQ, Ipswich

PRESENT: Carole Taylor-Brown, Non-Executive Director (Acting Chair)
Laurence Collins, Non-Executive Director
Catherine Morgan, Chief Nurse
Angela Tillett, Interim Chief Medical Officer

IN ATTENDANCE: Nicky Leach, Director of Logistics and Patient Services
Anne Finn, Head of Business Performance and Development (on behalf of Paul Fenton, Director of Estates and Facilities)
Anne Rutland, Associate Director of Clinical Governance
Emma Travers, Assistant Chief Pharmacist
Dr Mark Garfield, AMD for Clinical Safety
Jessica Bishop, Executive Assistant (Minutes)

OBSERVING: Michael Loveridge, Public Governor
Luke Mussett, Membership and Engagement Officer
Edward Bloomfield, Non-Executive Director

APOLOGIES: Nick Chatten, Acting Director of Estates &Facilities
Helen Taylor, Non-Executive Director *(Chair)*
Dawn Scrafield, Director of Finance
Paul Fenton, Director of Estates & Facilities
Denver Greenhalgh, Director of Governance
Kevin Purser, Chief Pharmacist
Ian Marsh, Public Governor
Neill Moloney, Managing Director

ITEM **ACTION**

40/19 APOLOGIES/INTRODUCTIONS

1. Apologies were noted as above.

41/19 MINUTES OF THE LAST MEETING

2. The minutes of the meeting held on 26th February 2019 were reviewed and accepted as a true record with the following amendments:

- Pg 8, para: 22 – Should say "no clinical harm to date."

42/19 ACTION LOG

1. The Committee reviewed progress of actions received to date, noting:

- 91/18 – The committee noted the submitted report however it was felt that there was still not enough information given. The committee requested a full report to be received in April.
- 66/18 – Psychiatric Presentation. The Chair raised concern that there had been a request to defer this presentation for the second month and asked for assurance that it would come to April's meeting. The Chief Nurse explained that due to Rebecca Pulford, Associate Director of Nursing for Integrated Pathways, being unable to attending the March meeting it had been agreed that the presentation would be received at Aprils meeting and that another QI presentation would be done in March's instead (Item: Never Events). The Chair was happy to defer until April.

2. The Chair confirmed that all blue actions could be removed.

43/19 CHAIRS KEY ISSUES (CKI's) feedback from Trust Board

3. The chair noted that the Board had discussed how information was cascaded from Board down to committee level. The Chief Nurse took an action to ensure that Tammy Diles, Deputy Company secretary returned CKIs with relevant feedback to the committee. **ACTION: CM** **CM**

44/19 CKI'S FROM SUB COMMITTEES

4. The Committee received the Chair's Key Issues reports from its sub-committees, noting:

Infection Control Committee –

- The committee were informed that the CKI had not been received in time due to the date and time of the Infection Control Committee meeting. The Chief Nurse confirmed that this would be included in April's papers.

Patient Experience Group –

- The committee were pleased to see examples of good learning in ophthalmology and caring for dementia patients that use the service. The Associate Director of Governance noted that there had been a good focus on sharing outcomes with divisions and learning what areas can be done differently. She also noted that there was good engagement from the divisions, who had been tasked to submit their top priorities to the next Patient Experience Group.

Patient Safety Group –

- The committee noted the challenges with completing SI reports and the support being provided to divisions to help mitigate this.
- The Divisional Showcase (Medicine) was noted by the committee and they were pleased with the improvements that had been made.

Comments/Questions

5. LC questioned, in relation to 19/49 on the CKI, what the term alert meant for the committee. The Chief Nurse confirmed that there were five terms used in the cascading of information through a CKI and that alert was used to ensure the committee noted the information, and would expect to see further information relating to it in the reports it received. The committee discussed how best to action the "alerts" highlighted in the CKIs. It was agreed that these would not be escalated to Board unless it was felt that the committee had not received enough assurance.

Clinical Effectiveness Group –

- The committee noted the alert relating to the antenatal and new-born screening in preparation for PHE review in 3rd April. The Associate Director of Governance informed the committee that the gap analysis that had been conducted had highlighted areas of concern and these were being addressed ahead of the review. She assured the committee that there had already been improvements noted in repeat data. She confirmed that headlines from the PHE review and any specific concerns raised would come to the committee via CKI in April.

Comments/Questions

6. The committee had a further discussion about the use of the CKIs and how information moves from committees to Board. Both the Chief Nurse and Associate Director of Governance advised that the information escalated to Trust Board should be anything that the committee considered lacking in assurance and/or raised concerns relating to patient safety. They both agreed that that there was a gap on information not filtering down back to the sub committees. The Associate Director of Governance agreed to make sure the feedback from QPS was fed back to the sub-committees. **ACTION: AR** **AR**

Medicines Optimisation Committee -

7. A verbal update was given by the assistant Chief Pharmacist highlighting:

- Pharmacy guidelines continued to be reviewed to aligned them to ESNEFT and new ESNEFT guidelines have been approved.
- Medicine shortages continue to be a challenge. There were 25 drug shortages to date nationally.
- The first combined Medication Safety Committee was held in January and received an update on the omitted doses "No Blank" challenge which looked to hold clinicians accountable if blank boxes are left on medication charts.
- Ipswich Pharmacy had an unannounced visit from the General Pharmaceutical Inspector on 26th February. No immediate concerns were raised, awaiting the official report.

- Colchester Pharmacy was notified of an MRHA inspection which would take place on 26th March relating to the wholesale dealers licence.
- The Trust had been unsuccessful in a bid to NHSI for funding to implement an electronic prescribing and medicines administration system. The feedback was that the application was good but would benefit from further development of the business case and procurement options with a view to applying again for funding in 20/21.

Comments/Questions

8. CTB questioned whether there was anything the Trust could do about the drug shortages. The Assistant Chief Pharmacist confirmed that the Trust has a medicines shortages policy that is was following. She emphasised that although the drug shortages were not a new challenge it was becoming increasing more difficult to manage.
9. The Chair queried whether Brexit would have an effect on the drug shortages. The Assistant Chief Pharmacist confirmed that as there were contracts in place which should ensure that the supply of drugs to the Trust would remain unchanged however the Trust did have a business continuity plan in the event that this did not happen. She further noted that given ESNEFT had two sites this made sharing drugs and mitigating drug shortages easier.

45/19 KEY QUALITY OR SAFETY ISSUES

10. The Interim Chief Medical Officer updated the committee on the delays of NEWS2 roll out on the Ipswich site. She explained that originally NEW2 would be rolled out as of April 1st 2019 in Ipswich however there had been delays in ensuring a fit for purpose software for both sites which had delayed the Colchester rollout. She explained that the safest option for Ipswich was to postpone the rollout on this site for two months rather than temporarily reverting back to a paper based system which would cause delays in other areas and may impact patient safety. She noted that roll out in Ipswich was dependant on a successful launch on the Colchester site.
11. The Chief Nurse noted some key areas of focus for the Nursing and Patient Experience directorate including gaining better traction on open and overdue Serious Incidents and to ensure that the implementation of Quality Improvement projects and the subsequent outcomes are well documented. She emphasised that Maternity had a significant number of QI projects open however there needed to be better visibility of the outcomes.
12. The Chair queried what would provide assurance for these issues. The Chief Nurse explained that improvement in these issues would only be measured in time, to be able to see changes and audit the outcomes.

46/19 Integrated Patient Safety and Experience Report

- CM presented the report and highlighted the following:

- There had been an increase in hospital acquired pressure ulcers on the Colchester site.
- The Trust was starting to collate trend data for Maternity and it was noted there had been a slight increase in 3rd and 4th degree tears however this was being reviewed.
- There had been 3 SIs for maternity in January including one neo-natal death on Ipswich site. The results of the SI investigation would be included in the report when available.
- It was noted that there was more work needed to show the "so what" outcomes in sepsis and to ensure that the level of detail was maintained.

Comments/Questions

13. The Chair queried why there were issues with the use of Episcissors. The Chief Nurse clarified that there had been a change in practice and a need to change the culture in the department. She explained that there was a review of the equipment being used to ensure that correct procedure was being followed.
14. LC questioned whether the Trust received data relating to confirmed cases of sepsis. The Chief Nurse confirmed that it was possible to get the data, however due to the need to assess all suspected sepsis patients with the same tool, it is important for the Trust to review the statistics for all patients being treated for sepsis rather than just the confirmed cases.
15. The committee discussed the language used within the report and it was recognised that there was a need to continue to drive changing the mind-set and culture within the Trust to be curious and improvement focused and for there to be more triangulation between staff culture across both sites.

47/19 LEARNING FROM DEATHS

Learning from Deaths

16. The Interim Chief Medical Officer presented the report and highlighted the following:

- There had been a telephone meeting with Nigel Sturrock, the regional Director for NHSI and the Interim Chief Medical Officer. Dr Sturrock agreed to contact the MD's at James Paget and Wye Valley who can share Mortality Improvement plans in the contact of the case-mix and engagement with community/primary care.
- The NHSI feedback was positive, noting there were good presentations and deep dives with a very strong QI focus threading into the learning and clean plans for progress in End of Life. There were suggested areas of development to provide more robust oversight for the group.
- The compliance for mortality reviews in December was 32% which was unacceptable. A plan had been agreed to deal with the backlog, although it was noted that staff had issues with obtaining notes in some

cases. There was also plans to work with the QI team to address the backlog.

- There was good learning documented from a review of Older People's Services. There had been several deaths associated with the half way to home beds which were opened on the 17th January 2019, three of the four patients were readmitted to Ipswich Hospital dying soon after transfer. Subsequently a review of referrals and medical review processes before being transferred for rehabilitation had been initiated.
- There had been a 5% reduction in the coding issue back log.

Comments/Questions

17. LC expressed his concern regarding patients being transferred to the half way to home beds. He asked whether discharging the patients too early contributed to their deterioration. The Interim Chief Medical Officer agreed that this could have happened and there was a wider area of work to look at thematic review across trust. She did note that due to winter pressures there could have been a push to discharge which has highlighted how important it is to review patients that have died to ensure that the Trust can document learning from situations like this.
18. LC requested that the committee receive more specific details relating to the precise learning from deaths to give more oversight. The Interim Chief Medical Officer agreed to discuss this outside of the meeting with the Helen Taylor Chair of the committee. **ACTION: AT** **AT**
19. Committee noted report.

48/19 INFECTION CONTROL MONTHLY REPORT

20. The Chief Nurse presented the report and highlighted the following:

- There had been an outbreak of viral gastro-intestinal infection affecting D'Arcy Ward on Colchester site which resulted in a week long closure in February. The ward was deep cleaned and no further incidences were reported. It was noted that D'Arcy was the next ward to be considered for refurbishment.
- There had been issues relating to the decontamination of endoscopes. There was a need to review the decontamination process as a whole and ensure that processes were being followed to ensure staff knew whether the endoscopes were cleaned or not.
- The report noted issues around blood culture contamination and it was highlighted that ESNEFT were a national outlier. The IP&C team are seeking support from West Suffolk Hospital who have a low contamination rate.
- There were still challenges in consultant microbiology cover at Colchester site, however the Trust had appointed one substantive Consultant microbiologist and the department was being supported by locum cover.

- Changes to the national reporting for CDiff as of April 2019. There will be a focus on system wide approach for the delivery of objectives, with CCGs having responsibility or accountability for delivery of reductions in total number of cases assigned.

Comments/Questions

21. The Chair requested more information around what contributing factors make D'Arcy ward concerning. The Chief Nurse explained that the main areas of concern were regarding the environment and being one of the only areas not upgraded. She also highlighted that there were concerns around Ipswich ED for infection control practice and environment, and the IP&C team were supporting to drive improvements. She agreed to bring an update to the June meeting regarding the ESNEFT refurbishment plan and the plans for D'Arcy Ward. **ACTION: CM** **CM**

49/19 MEDICAL DEVICES MANAGEMENT

22. The Interim Chief Medical Officer requested that the paper be deferred as there was not enough information relating to the MRHA guidelines and that there needed to be further discussion with Crawford Jamieson, Site Medical Director for Ipswich and Denver Greenhalgh, Director of Governance to ensure the information in the report was what was requested. The Chair agreed and asked for the report to come back to the committee in April. **ACTION: CJ/DG** **CJ/DG**

50/19 CANCER HARM REVIEWS

23. The Interim Chief Medical Office gave the committee a verbal update relating to the progress of the cancer harm reviews being conducted by ESNEFT. She highlighted that there was a clear process outlined with some reviews already commenced, however there was a need to increase the amount of reviews happening and to make sure that there was a clear definition of harm being used throughout the reviews. The committee were informed that the clinical directors had met and given their input and a plan to ensure each tumour site lead will conduct the clinical harm review with the MDT and feed the feedback to the CDG. The CDG would then report to the divisional accountability meeting (DAM) with any exceptions. She also explained that the Clinical lead for cancer, Dr Subash Vasudevan and Cancer manager Pat Harvey would undertake sample checks to ensure the correct processes were being followed.
24. The committee thanked the Interim Chief Medical Officer and noted that a full report would be received in May.

51/19 ANNUAL GOVERNANCE REPORT

25. The committee received the report and the Chair asked for executive input relating to any significant safety control issues that needed to be escalated to the Board. No concerns were noted. The Chair request that

Denver Greenhalgh, Director of Governance and report author, be informed that the committee noted no concerns and discuss any areas that she felt should be escalated. **ACTION: CM/AT**

CM/AT

52/19 GOSPORT

26. The Interim Chief Medical Officer presented the report and highlighted the following:

- The executive team received the review for Gosport and asked for an update on the work being done. A short-life working group had been formed to provide assurance on the 4 key domains relating to the Gosport report which included an open culture, safe and clinically appropriate prescribing, effective medicines governance and training and education.
- There were discussions on how we improve staff culture including how we use the freedom to speak up guardian role to raise concerns.
- Assurance was given regarding safe and clinically right prescribing, noting that ESNEFT comply with NICE guidelines and that there were audit programmes to test this. It was highlighted that there were circumstances where prescribing would need to be tailored or escalated and the information from that would not be captured in generic audits. It was confirmed that there was a degree of oversight, however there was more work to be done.

Comments/Questions

27. The Assistant Chief Pharmacist noted that Pharmacy were following the key lines of enquiry from the CQC to determine what audits were being conducted, and that the Trust were already auditing opioids. She also noted that Community sites had been excluded as there were service level agreements in place. The Interim Chief Medical Officer agreed that there were robust audits happening with good data available relating to ESNEFT consultants. She suggested that there needed to be good control in other areas and it was not just opioids that could be misused. The Director of Logistics and Patient services suggested that a small area be tested first and then extend across the rest of the Trust. The Interim Chief Medical Officer agreed to report back to the committee in May. **ACTION: AT** **AT**
28. The Director of Logistics and Patient Services requested that the dates on the action plan be prioritised and RAG rated to maintain focus.
29. The Chair questioned how the Trust supports practitioners and how softer intelligence would be collated. The Interim Chief Medical Officer confirmed that there had already been areas flagged, particularly palliative care, and peer support along with supported MDTs were already in place. She emphasised that communication and strong governance around the way settings work are key. She explained that it was harder to ensure good support for community settings however Ipswich had a more established relationship with their Community hospitals.

30. Michael Loveridge, Public Governor for the rest of Essex asked if there had been a national requirement to review the Gosport report or whether it was a Trust initiative. The Interim Chief Medical Officer confirmed that although it is not mandatory Trusts were expected to review and ensure best practise was being followed.

53/19 DRAFT QUALITY ACCOUNT

Comments/Questions

31. The Chief Nurse informed the committee that the draft account had been shared with stakeholders to give them an opportunity to feedback and have sight of how the drafting of the report was progressing. The Associate Director of Clinical Governance noted that the report had been submitted to the committee for information and that there were gaps in information which would be inputted at the end of April/early May. She welcomed any comments from the committee.
32. The Chair noted that there was a lot of information included however it was not easy to navigate. The Associate Director of Clinical Governance explained that there were strict guidelines that the Trust had to adhere to and unfortunately it was very little room for editing.

52/19 CLINICAL AUDIT PROGRAMME

33. The Associate Director of Clinical governance updated the committee regarding the clinical audit programme. She noted that there were some audits outstanding and the report will be received by the committee in April. **ACTION: AR** **AR**

53/19 COMMITTEE EFFECTIVENESS REPORT

34. The Chair asked the committee to consider the report and feedback in relation to the function of the committee.

Comments/questions

35. The Chair questioned how the quieter voices were heard within the committee, how the Trust/committee benchmarked providence and how that affected the committees forward planning. She also questioned whether the committee received the right level of information. She welcomed comments from the committee.
36. Michael Loveridge, Public Governor for the rest of Essex noted that he would prefer to be given the papers prior to the meeting, rather than at the beginning, as it was a lot of information to read and absorb. The committee discussed the role of the governor within the committee and clarified that the governor's role was to observe the NEDS and Executives and hold them to account however it was agreed that the Membership and Engagement Officers would clarify the role of the governor and gain feedback from other governors to ensure the requirements were clear. **ACTION: LM** **LM**

37. Michael Loveridge also wanted it noted that he was very impressed with the discussions that were conducted within the committee and the level of questioning that happened.
38. The committee discussed reviewing attendance of the committee to ensure the right people were in the room and participated. **ACTION: HT/CM/AT** **HT/CM/ AT**
39. LC noted that there was regularly a full agenda which included a presentation, he suggested this could be reviewed to ensure the right information was reporting into the committee and guest presenters were briefed on expectations prior to the meeting.
40. The committee suggested that report writers should receive feedback on their reports.

54/19 NEVER EVENT PRESENTATION

41. Dr Mark Garfield, AMD for Clinical Safety, was welcomed to the meeting and gave his presentation on Never Events. He highlighted the following:

- The Trust measure a never event as a serious incident that is deemed wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Areas where Never Events have been documented in the Trust include Surgery:
    - Wrong Site Surgery
    - Wrong implant/prosthesis
    - Retained foreign object post procedure
- There was a discussion around human factors and how important it was to ensure all staff received human factor training. The courses were run monthly on both sites, were multidisciplinary and a whole day of training with teaching in the discussion group in the afternoon.
- There had been good engagement and feedback from attendees however there was a need for more clinical staff engagement.
- There had been a review of the WHO (World Health Organisation) checklist used in theatres. There had also been a review of the LocSSIPs to ensure they were fit for purpose.
- ESNEFT had not had a procedure related never event since November 2018. It seemed to have been a cluster effect and the situation at present was moving back towards the historical position.

Comments/questions

42. The committee discussed the issues around human factors. Dr Garfield noted that there had been resistance from some clinicians, particularly in surgery due to hospital pressures. The Chair expressed concern with the patient safety culture in the Trust. Dr Garfield highlighted that there was additional support for areas that were finding it hard to schedule the training and a focus on divisions to ensure staff attend the training.

43. The Chair questioned whether the training was mandatory to ensure that all staff do the training at least once. The Interim Chief Medical Officer explained that the training was something available to staff in all areas and staff were encouraged to do the training however it was difficult, as the training involves a whole day's attendance, to justify it being made mandatory.
44. The Director of Logistics and Patient Services questioned whether it is a requirement of staff involved in Never Events to attend the training. Dr Garfield explained that it was difficult to determine who would require the training based on Never events as it does not always apply to all the staff involved.
45. The Interim Chief Medical Officer noted that she reports all Never events to the GMC to ensure the gravity of a never event is never lost. She explained that there is always an initial investigation by the GMC to check for neglectful behaviour.
46. LC asked whether this is something we would escalate to Board. The Chief Nurse highlighted that although there was a lack of assurance around the plans to help support culture change there was reassurance that this gap was well sighted and there is work being done to mitigate the gap.
47. The Chair questioned over what time period the cluster of never events happened. Dr Garfield confirmed that the period ran from June to November 2018.
48. The Interim Chief Medical Officer asked whether there had been a noticeable difference in culture across the two sites. Dr Garfield claimed he thought there were similar issues on both sites. He confirmed that there was going to be a review of the local SOPs and SLAs to ensure that procedures were being followed, particularly in the surgical areas.
49. Dr Garfield was thanked by the committee for his presentation.

55/19 AOB

50. The Chief Nurse informed the committee that the CQC PIR had been received and submitted. She highlighted that the Trust self-assessment/self-rating would be shared with the committee. **ACTION: CM** **CM**
51. The committee noted that it was LC's last committee meeting. LC was thanked for all his contribution to the committee.