

QUALITY & PATIENT SAFETY COMMITTEE

**Minutes of the meeting held on 17th December 2019
Directors' Seminar Room, Trust HQ, Ipswich**

PRESENT: Hussein Khatib, Non-Executive Director (*Chair*)
 Dr Angela Tillett, Interim Chief Medical Officer
 Eddie Bloomfield, Non-Executive Director
 Neill Moloney, Managing Director/Deputy CEO

IN ATTENDANCE: Anne Rutland, Associate Director of Clinical Governance
 Emma Sweeney, (deputising for Chief Nurse)
 Kevin Purser, Chief Pharmacist
 Michael Horley, Public Governor
 Crawford Jamieson, Site Medical Director (Item 2.3)
 Mark Garfield, Divisional Clinical Director (item 1.5a)
 Catherine Brosnan, Consultant Anaesthetist (Item 3.1)
 Sally Cornish, Head of Medical Portfolio (Item 3.1)
 Dr David Gannon, Associate Medical Director for Safety (Item 3.2)
 Clare Harper, Senior Committee Secretary (Minutes)

APOLOGIES: Carole Taylor-Brown, Non-Executive Director
 Catherine Morgan, Chief Nurse
 Nicky Leach, Director of Logistics and Patient Services
 Denver Greenhalgh, Director of Governance
 Paul Fenton, Director of Estates & Facilities
 Melissa Dowdeswell, Site Director of Nursing
 Anna Shasha, Director of Midwifery
 Ian Marsh, Public Governor

160/19	Apologies 1. Apologies were noted as above.	
161/19	Declaration of Interests 2. None declared.	
162/19	Minutes of Last Meeting 3. The minutes of the meeting held on 26 th November 2019 were reviewed and accepted as a true record.	
163/19	Action Tracker 4. The committee reviewed the action tracker and the following action update was noted: <ul style="list-style-type: none"> • 158/19 – NEESPS recruitment – Mr Horley advised that he had made contact with the local university and members of the Pathology team with regard to 	

	<p>hard to recruit posts in the Pathology Department. He added that the Training Officer from the university was now working with the Pathology team. The Site Medical Director advised that many trusts were finding it difficult to recruit to these posts and work was underway to make the role more attractive.</p> <p>5. The action tracker would be updated and circulated with the draft minutes. All Blue actions would be removed from the tracker.</p>	
<p>164/19</p>	<p>Matters Arising <u>Emergency Department Business Case – Clinical Patient Safety Issues</u></p> <p>6. Following a request from the Trust Board in November 2019 for the Committee to monitor the outcome and activity levels and any harm to patients following implementation of the ED Business Case, an update report was presented to the Committee by Mark Garfield, Divisional Clinical Director.</p> <p>7. The Committee noted that there had been no improvement in performance despite rapid review in triage and there was clear evidence that when demand increased, capacity dipped therefore further long term solutions were being considered as current action plans were not delivering.</p> <p>8. Progress on recruitment within the department was noted and included an increase in middle grade and ACP staffing, however some posts not due to be filled until the Summer of 2020 and it was therefore accepted that some of these posts may need changed to student/development posts. Recruiting to consultant posts remained an issue In the meantime, there were plans to stop review clinics in ED to release approximately 4 hours of consultant time from Monday to Friday. A review of the current junior doctor rota was also underway following national changes in their working hours which included no fixed annual leave and only 1 in 3 weekends to be worked. Action: The Committee requested that the POD and F&P Committees were sighted on the change in junior doctor working hours and the workforce/financial impact this will have on the department.</p> <p>9. The Committee discussed the quality of candidates and the current interview process for consultant roles and the potential to include psychometric testing for a more robust interview process going forward. Action: It was proposed that the POD Committee takes this forward.</p> <p>10. The Committee received the update acknowledging that it would take time to initiate the changes in rotas before any benefits were seen and that little assurance could be given in the meantime around improvements to patient experience.</p> <p><u>Comments/Questions</u></p> <p>11. EB asked how much of the issues were around systems or people. The Divisional Clinical Director responded that both staffing and current systems were creating issues with regard to performance. He added that in previous years the consultant would see 6-7 patients at the same time however the current system only allows one patient to be seen at a time which takes approximately 82minutes per patient.</p>	<p>POD/ F&P</p> <p>POD</p>

EB asked who was responsible for making changes to the current system. It was noted that the Executive Team were sighted on this and seeking to support the Department however there may be some resistance to clinical and organisational changes within the clinics.

12. The Chair commented that the outcome of the system changes is for patient experience improvement and asked if the department was on track to deliver the milestones within the business case. The Divisional Clinical Director confirmed that they were on track to deliver the milestones by the end of the year with regard to filling junior doctor and ACP posts.

13. The Chief Medical Officer asked how patients waiting in corridors were being assessed from a patient harm and safety perspective and it was noted that patients were being assessed by the Nurse Specialist and flagged up if the patient required urgent review

Action 137/19 – Learning from Medication Incidents

14. The Chief Pharmacist presented learnings from a review of recent medication incidents advising that following a Directive Patient Safety alert issued by NHS England in March 2014, there had been increased reporting of medication incidents to improve data report quality, maximise learning and guide practice to minimise harm from medication errors. The Trust had declared compliance with this alert by:

- Identifying a board level director with responsibility of overseeing medication incident reporting and learning – Catherine Morgan, Chief Nurse;
- Creation of the Medication Safety Officer role with the responsibility for promoting the safe use of medicines across the Trust and being the Trust expert on medication safety – Anna Bischler, Pharmacist
- Monthly Medication Safety Committee (MSC) meetings to review medication error incident reports, improve reporting and learning and take local action to improve medication safety.
- A number of senior pharmacy staff are automatically sent all Datix incidents related to medicines from all areas for immediate review and action if appropriate. The Team is also informed of any Serious Incidents relating to medication errors for Trust oversight of medication-safety issues.

15. The Committee felt assured that the Trust has a robust system for reporting and learning from medication incidents.

Comments/questions

16. EB asked if there were any risks associated to the Controlled Drug Steering Group not meeting regularly. The Chief Pharmacist advised that holding quorate meetings across sites had been challenging but were crucial to gain feedback on where current processes could be improved.

17. The Chair commented that there was a good list of actions and had one minor point with regard to the systemic steroids being added to the critical medicines list and the delay in communicating this to staff until January 2020. The Chief Pharmacist advised that it had only been approved this month and the next DoN

	<p>brief was due in January 2020. He added that Divisions receive all medication alerts and communications which are shared in divisional quality meetings and cascaded to staff. Serious issues were communicated via an immediate alert to divisions.</p> <p><u>Cancer & Diagnostics - Patient Safety Exception Report</u> 18. It was noted that this report would be provided in February 2020.</p> <p><u>Patient Radiation - Patient Safety Exception Report</u> 19. Noted that the investigation had just completed and a report would be provided in January 2020.</p>	
165/19	<p>Chairs Key Issues (CKI's) feedback from Trust Board</p> <p>20. The Committee received and noted feedback from the Board relating to the November 2019 QPS Committee CKI submitted to the Confidential Trust Board Meeting in December, which included a request for the Committee to look into the following items:</p> <ul style="list-style-type: none"> • Infant Mortality Review – noted that perinatal mortality had reduced and is routinely reported to this Committee each month. • Breaches of Mixed Sex Accommodation – noted that the Board discussed why there was a high number in month and sought assurance of actions to address this. This data feeds into the Patient Experience Group via exception reporting which can be monitored by the Committee going forward. • Deconditioning of Patients: Risks and harms – The Board considered whether it would be possible to capture any quality measures/impact from hospital acquired functional decline; this would need further consideration and work up for the Committee to follow up in the New Year. Agreed for next meeting. • 104+ days for cancer treatment; Clinical patient safety – The Board requested that the Committee keep oversight of any trends or concerns. Noted that a harms review had been completed and will be reported to this Committee in January 2020. 	<p>AR/ AT</p> <p>AR</p>
166/19	<p>CKI'S from Sub Committees</p> <p>21. The Committee received the Chair's Key Issues reports from its sub-committees noting:</p> <p>Patient Safety Group</p> <ul style="list-style-type: none"> • Colposcopy Suite requires urgent refurbishment which may take approximately 2 weeks to complete. The department were planning additional clinics before and after the refurbishment programme of work and reviewing possible alternative spaces to hold the clinics without impacting on other services. • Noted concerns raised regarding long term leave of the Matron for the Older Peoples Services at Ipswich Hospital. Committee was satisfied with daily cover arrangements provided and short term contingency cover was under review. 	

	<p>Clinical Audit & Effectiveness Group</p> <ul style="list-style-type: none"> December meeting not quorate. <p>Medicines Optimisation Committee</p> <ul style="list-style-type: none"> ESNEFT outpatient and FP10 prescribing policy has been approved and relaunched. Insulin medicine training – no longer mandatory which may be the root cause of increased incidents reported recently. A review of Medicines Management e-learning was underway to ensure the correct cohort of staff are included before training is rolled out. Following the MHRA inspection at Colchester hospital pharmacy manufacturing unit a response has been submitted within the deadline, which has been acknowledged and a response from the MHRA is awaited. <p><u>Comments/Questions</u></p> <p>22. The Chair asked how the Trust monitored whether drugs are being taken once issued. The Chief Pharmacist advised that it was not possible to reconcile this at the patient level required. He added that the GP practices can complete data checks to see if there are themes of patients not taking their medication however it is dependent upon whether the patients chooses to collect their prescription.</p> <p>23. The Chair sought further clarification around the insulin incidents. It was noted that there were multiple incidents across the board, including incidents of incorrect prescribing. The Managing Director queried whether the nurse specialists should be picking this up. The Chief Medical Officer advised that this was the case however a feedback mechanism would assist when reviewing the areas of risk and where more training is required. The Chief Pharmacist added that the Ward Pharmacists usually pick up errors before they are prescribed.</p> <p>24. The Chair asked about the profile of medication errors in primary care. The Chief Pharmacist advised that the team were looking at common themes within Community services but cannot comment on how well harm reporting was being captured.</p>	
167/19	<p>Key Quality or Safety Issues</p> <p>25. The Chief Medical Officer advised the Committee of the following key quality and safety issue:</p> <p><i>Section redacted from public domain</i></p>	
168/19	<p>Integrated Patient Safety and Experience Report</p> <p>26. The Committee received the Integrated Patient Safety & Experience Report noting:</p> <ul style="list-style-type: none"> Serious Incidents position – noted that some divisions had not achieved deadlines for closing reporting within 60 days, however 14 were submitted within the month and divisions were working hard to close off most overdue SI's. There was an internal deadline of January 2020 to close overdue reports. The early identification of an investigating officer was improving the process and a 'buddying' colleague for investigating officers was being rolled out to 	

	<p>cover leave or gaps. Early communication to the governance team to request delays if some statements were taking longer than planned due to staff leave were also assisting.</p> <ul style="list-style-type: none"> • There had been a significant improvement in the reduction of falls in the community and a downward trend on the Ipswich site. • Positive reporting on the Colchester site with regard to compliance of documentation of audit results. A change in clinical facilitator had added focus on sepsis and it was hoped that improvements in data would soon be seen. • Infection control – Following an MRSA outbreak and colonisation on the Ipswich site an alignment of the screening process when patients first come into hospital was underway to mirror the Colchester site. Removal of plastic washbowls in favour of paper ones to reduce cross contamination and the use of different slings were also being implemented as a small cost. <p><u>Comments/questions</u></p> <p>27. The Chair asked whether divisions were confident of hitting their deadlines for SI compliance. The Associate Director of Clinical Governance advised that some divisions would be able to do this and others were working extremely hard to hit theirs. She added that some divisions had been over ambitious with their targets but were making good progress now. Reports were also of a good quality which reduced the need for multiple amendments. The Managing Director commented that it was encouraging to see this pace and set change.</p> <p>28. The Managing Director commented that the reduction if falls stood out in the report and was good to see the results of the action plans were clearly coming through in the data. The Associate Director of Nursing added that a change in senior leaders had picked up some ideas to work differently which was refreshing to hear and the changes were gaining momentum therefore she was keen to see the data over the next few months.</p> <p>29. The Chair queried the block of red within the second set of Sepsis data. This was noted to be an error and only one chart would be provided going forward however there had been a marked decrease in treatment for Sepsis which may be due to the variable documenting of fluid intake. Iterative changes have been made to improve compliance including doctors carrying bleeps with the expectation to attend any patients with suspected Sepsis.</p> <p>30. The Managing Director commented on the trip hazard relating to the flooring on Lavenham Ward. Action: AR to look into this.</p> <p>31. The Chair thanked the Associate Director of Clinical Governance for a good, well presented report.</p>	AR
169/19	<p>Organ Donation Annual Report</p> <p>32. The Committee received the Organ Donation Annual Report (April 2018-March 2019) noting that:</p> <p><u>Ipswich Site</u></p> <ul style="list-style-type: none"> • The Trust referred 19 potential organ donors during 2018/19. There were 8 occasions where potential organ donors were not referred. 	

	<ul style="list-style-type: none"> • When compared with UK performance, the Trust was below average (amber) for referral of potential organ donors to NHS Blood and Transplant. • From 8 consented donors the Trust facilitated 5 actual solid organ donors resulting in 9 patients; • In addition to the 5 proceeding donors there were 3 consented donors that did not proceed receiving a life-saving or life-changing transplant. <p><u>Colchester Site</u></p> <ul style="list-style-type: none"> • The Trust referred 43 potential organ donors during 2018/19. There were 13 occasions where potential organ donors were not referred. • As with the Ipswich Site, when compared with UK performance, the Trust was below the average (amber) for referral of potential organ donors. • From 9 consented donors the Trust facilitated 5 actual solid organ donors resulting in 13 patients receiving a life-saving or life-changing transplant. • In addition to the 5 proceeding donors there were 4 consented donors that did not proceed. <p>33. The Committee was informed that referrals are made by the Critical Care Unit and some had not been made during seasonal busy periods due to bed capacity and following a large cohort of patients with flu symptoms. It was planned to implement flu testing of patients upon arrival from January onwards.</p> <p>34. The Committee acknowledged that although there were high numbers of patients wishing to donate and the new law being implemented in the spring of 2020 will mean that adults will be assumed donors unless they chose to opt-out. However consideration still needs to be given to family consent.</p> <p><u>Comments/questions</u></p> <p>35. The Chair queried the number of recipients being much lower than the number of referrals. It was noted that this was due to a number of issues i.e. no matches and availability of recipients particularly following a cardiac arrest (window of 4hrs).</p> <p>36. EB asked if there was a resource issue. The Site Medical Director advised that there may be a national increase of 10% which may impact on CCU if it is full therefore appropriate business planning and sustainable models were crucial.</p> <p>37. The Committee was assured by the verified data received and approved the report.</p>	
170/19	<p>Interventional Safety – Deep Dive</p> <p>38. The Committee received a deep dive into Interventional Safety presented by Dr Catherine Brosnan, Dr Martin Mansfield and Sally Cornish noting that theatre staff were now well versed on completing WHO checklists for each procedure including a briefings and de-briefs. Focus was continuing outside of operating theatres in other high risk areas where invasive procedures are provided i.e. endoscopy, radiology etc., and Local Standard Invasive Procedures (LOCSIPs) guidelines are used with monitoring support in the form of peer on peer reviews and quality audits.</p>	

	<p>39. Noted that Human Factors training was being rolled out to approximately 1000 theatre staff including nurses, HCAs and doctors and so far 400 staff had completed the training, of which approximately 20% were from theatres. As the training is labour intensive (one day for theatre staff and a half day for all other staff) it was acknowledged that it may take some time to hit the ambitious target of 85% compliance.</p> <p><u>Comments/questions</u></p> <p>40. The Chair commented that not all procedures were covered by LOCSIPs i.e. cannulation and asked what safety measures were in place for these. The Committee was</p> <p>41. It was suggested that the Executive Directors and NEDs may wish to attend the Human Factors Training. Action: CBr to provide dates of training.</p> <p>42. The Chief Medical Officer commented that this was a huge piece of work and the group were continuing to embed this early on in training of all staff including non-clinical. It was also important to ensure universities included HF training in their curricula. She added that it was important to create more open behaviours for new staff at ESNEFT.</p> <p>43. There was some discussion that repeated checking of patient information may make some patients more anxious. Mr Horley commented that from a patient point of view it didn't matter how many checks were required as long as they were appropriate and completed correctly in order for the procedure to be carried out correctly.</p>	CBr
171/19	<p>Mortality</p> <p>44. Dr Gannon, Associate Medical Director for Safety provided a deep dive presentation into Mortality, advising that:</p> <ul style="list-style-type: none"> • The Medical Examiner (ME) system had made significant improvements to the accuracy of both coronial referrals and death certification; • Significant improvements in documentation and end of life care; • Around 24% of all deaths at ESNEFT are subject to mandatory review under National Quality Board guidance; • Review outcomes have identified that around 0.4% of deaths were probably as a result of issues in healthcare. The RCP advises that this figure nationally is around 3%; • The Trust is a statistical outlier for both HSMR and all Diagnoses at Colchester site noting significant number of uncoded deaths and issues with the receipt of complete health records for the purposes of clinical coding. The reduction is due to the depth of coding, coupled with records missing the first data deadline reduced the 'expected deaths' calculation for August; Additional resource for medical records was being supplied by IT; • Mortality rate in the Tendring is 5 times higher than other areas with much younger patients dying in the hospital setting and indicating potential issues with provision of and access to healthcare in that area; • A project is underway to include relevant cross-specialty and local learning at Board Rounds <p><u>Comments</u></p>	

	<p>45. The Chair asked whether we are where we should be re identifying poor care. Dr Gannon advised that from structured reviews carried out there was clear evidence of good practice and continually encouragement of staff to look at outputs in multidisciplinary scenes to review deaths.</p> <p>46. The Managing Director queried if a greater number of issues were not being found, how assured are we that the right measures are being sought. Dr Gannon advised that we were not being as critical as we should be and acknowledged further work required to support staff to be more critical and challenge each case for any learnings from death.</p> <p>47. EB asked whether there were any indicators in phases of care. It was noted that the indicators were fairly consistent.</p>	
172/19	<p>Any Other Business</p> <p>48. None raised.</p>	
173/19	<p>Items to be escalated to the Board</p> <ul style="list-style-type: none"> • ED Bus Case • Learning from medicines errors • Mortality review • Interventional safety • Organ donation 	
	<p>Date of Next Meeting</p> <p><i>Tuesday 21st January 2020, 9.30am-12pm DSR, Trust Offices, Ipswich Hospital</i></p>	