

Agenda item: 14 b

SAFETY & QUALITY COMMITTEE

Minutes of the Safety & Quality Committee Tuesday, 22nd September 2015 11.30 hrs – 13.00hrs Executive Meeting Room, Shrodells Unit Watford General Hospital

Chair:	Phil Townsend (PT)	Acting Chair
Present:	Gill Balen (GB) Phillip Bircham (PB) John Brougham (JB) Helen Brown (HB) Jane Brown (J Brown) Ginny Edwards (GE) David Gaunt (DG) Lynn Hill (LH) Kevin Howell (KH) Jac Kelly (JK) Mike Van der Watt (MVW)	Chair, Patients' Panel Associate Director, Quality & Governance Non- Executive Director Director of Transformation Senior Partnership & Community Development Officer, Healthwatch Hertfordshire Non-Executive Director Divisional Director Unscheduled Care & Associate Medical Director for IT Deputy Chief Executive Director of Estates & Facilities Interim Chief Executive Medical Director
In attendance:	Paul Cartwright (PC) Sheila Marsh (SM) Maxine McVey (MMcV) Jonathan Rennison (JR) Dr Anna Wood (AW)	Non-Executive Director Clerk, Executive Assistant to Chief Nurse & DIPC Deputy Director of Nursing (for item 18/17) Non-Executive Director Associate Medical Director for Clinical Standards & Audit (for item 18/12)
Apologies:	Tracey Carter Dr A Divers Lisa Emery Mahdi Hasan Martin Keble Alistair King Helena Reeves Sally Tucker	Chief Nurse & DIPC Divisional Director Clinical Support Chief Information Officer Chairman Chief Pharmacist & Divisional Manager Clinical Support Divisional Director Medicine Interim Director of Communications Deputy Director of Strategy and Corporate Services

MEETING MINUTES

	Action	Who	When
18/01	<u>Chairman's Introduction</u>		
	The Chair welcomed all present to the meeting and introductions were made.		
18/02	<u>Apologies for absence</u>		
	As recorded above.		
18/03	<u>Declarations of Interest</u>		
	PT asked members of the Committee if they had any additional interests to declare to those entered on the register. It was noted that DG had no interests to declare.		
18/04	<u>Minutes of the Last Meeting</u>		
	Minutes of meeting held on 28 th July were approved as an accurate record.		
18/05	<u>Action Log from Meeting held on</u>		
	The Action Log from the meeting held on 28 th July 2015 was reviewed. The updates on actions were considered and signed off.		
18/06	<u>Draft Safety & Quality Committee Terms of Reference.</u>		
	The Terms of Reference were approved, subject to a minor amendment.		
<i>Performance</i>			
18/07	<u>Draft Overview of Safety & Quality Committee Work Plan</u>		
18/07.1	<p>The Work Plan was considered and approved subject to the following amendments:</p> <ul style="list-style-type: none"> Item 1.8 ~ Safety & Quality Risks on Risk Register scored > 15 to reflect being considered bi-monthly, not monthly Item 1.9 ~ Health & Safety Report. KH requested that this report be combined with the Environment Report (Item 3.3), to form one comprehensive report. Item 4.5 ~ CQC Compliance Report ~ The title of this report to be changed to be more explicit to reflect it is internal monitoring so it is not confused with the CQC Improvement Plan. <p>PB to make amendments and re-circulate Work Plan.</p>	Philip Bircham	Oct '15
18/08	<u>Quality & Safety Report</u>		
18/08.1	PB presented the report and drew attention to key elements as:		
18/08.2	Harmfree Care ~ Patients with harmfree care continues to rise from 91.6% to 94.82% (July 14 to July 15), the detail of which would be reported fully in the next report.		

	Action	Who	When
18/08.3	IWantGreatCare ~ WHHT overall response rates higher than average in England. He noted that East and North Herts consistently scoring higher than WHHT in all areas. MMcV advised that the Corporate Nursing Team read every response that was written and all necessary actions were taken.		
18.08.4	<p>The report was considered in detail and the following points were raised:</p> <ul style="list-style-type: none"> Item 3.9 Harm Free Care Chart ~ It was requested that the column relating to 'WHHT position against National' be more comprehensible using words and not arrows in next report. Complaints ~ GE was assured that the lessons learnt from the complaints mechanisms were built into the Divisional reports to ensure learning. JK requested that in order to obtain an overview of overall improvements a ward by ward dashboard needed to be developed. MMcV responded that Corporate Nursing was currently working with Informatics developing such a dashboard which would include Test Your Care, PU's, Falls, workforce data. It was agreed that this ward dashboard would be circulated prior to the next meeting. 	<p>Philip Bircham</p> <p>Maxine McVey</p>	<p>Nov. 2015</p> <p>Oct. 2015</p>
Patient Experience			
18/09	<u>Serious Incident (Including Never Events) Summary report</u>		
18/09.1	MVDW presented the report. He drew attention to the significant reduction in hospital acquired pressure ulcers, and the good progress made in closing the outstanding serious incident investigations. He highlighted that bi-weekly meetings were now held with divisions to track progress of any SI's within their respective divisions in order to facilitate early identification of any investigations which were not on target for completion within deadline.		
18/09.2	It was noted that the 19 open SIs concerning VTE issues were being addressed as one investigation with a robust action plan in place to address this.		
18/10	<u>Action Plan Monitoring Report</u>		
18/10.1	MVDW summarised the report.		
18/10.2	PT raised the issue of learning from SI's. MVDW responded that with the improved processes, SIs were reviewed in a tight timeframe, with action plans and learning now reviewed in a formal fashion. AW suggested that it would be useful to develop a simple statement to go at the end of the investigation report to confirm whether the learning should be directed to divisions or should be Trust Wide. MVDW confirmed that with the new Datix system, learning has to be assured before the SI can be closed down.		
18/11	<u>Health & Safety Report</u>		
	Item deferred until next Committee meeting. KH requested that this report be combined with the Environment report. Agreed.		

	Action	Who	When
Clinical Effectiveness			
18/12	<u>Clinical Harm Review Report</u>		
18/12.1	AW was welcomed to the meeting to present the Referral to Treatment Time: Clinical Impact Review paper. She explained that the document outlined the systematic review process to ascertain the clinical impact on patients who have waited in excess of the national standard waiting time of 18 weeks for planned care.		
18/12.2	She advised that the project was on hold for a few months, but that the intention was that the review should be in partnership with HVCCG. It also was modelled on a similar review undertaken by Barts Health NHS Trust, but modified for WHHT. The mechanisms involved in Phase 1, a retrospective Audit of the clinical impact on patients who had breached waiting times and were subsequently treated between 1.04.14 and 30.11.14, were outlined; together Phase 2, the establishment of a routine clinical review process for any patients waiting over 18 weeks for planned treatment thereafter. It was noted that a Clinical Harm Review Group had been established to oversee the Phase 1 audit and to establish a robust process for reviewing potential harm into the future, as per Phase 2.		
18/12.3	It was agreed that AW would attend the Committee in January 2016 in order to provide a verbal update on progress and to submit a paper providing an analysis of the project, to be considered at the March 2016 Committee meeting	Anna Wood	January '16 March '16
18/13	<u>Mortality Report</u>		
18/13.1	MVDW summarised the report. He advised that there continued to be a sustained reduction in mortality, and that WHHT is one of 8 Trusts (out of 17) with a 'lower than expected' HSMR within the region.		
18/13.2	Following an enquiry by PT on what improvements had been introduced to achieve this outcome, MVDW outlined the robust mechanisms introduced which had contributed to this great result. One of these was the increase of Consultants to bed capacity. Length of stay had also dropped by 3 days as a result of these initiatives and better Consultant intervention. It was noted that 80% of the contribution in the drop in mortality was from the Medical Division.		
18/13.3	Following discussion it was agreed that from a communication perspective it would be worthwhile to draw all the improvements together i.e. #NOF, Sepsis, Coding issues etc. as indicators.	Helen Brown	Nov '15
Operational Effectiveness			
18/14	<u>Emergency Planning & Business Continuity Report</u>		
18/14.1	LH presented the paper and provided an overview on the Emergency Preparedness, Resilience and Response (EPRR) Major Incident Plan and Communications Strategy.		
18/14.2	She explained that considerable progress had been achieved and that a Major Incident Exercise was planned to take place		

	Action	Who	When
	this Autumn with WHHT staff participating. She advised that normally independent observers i.e. CCG would participate in order to learn lessons of what went well and what required improvement.		
18/14.3	GB enquired about the role of WHHT volunteers should a major incident occur. It was explained that there would be a co-ordinator on the ward/department who would manage the situation and volunteer concerned. The question of how said volunteer would be aware of this was raised and it was agreed that MMcV would ascertain if this information was provided during the Volunteers' induction programme.	Maxine McVey	Nov '15
18/14.4	KH confirmed that appropriate storage areas were now in situ for Major Incident equipment.		
Governance & Leadership			
18/15	<u>Top 15 & Above Safety & Quality Risks</u>		
18/15.1	HB introduced the paper. She advised the process and that it took over a month for items on BAF to cascade down to the Risk Register live document.		
18/15.2	Information of risk ID 3571 had been circulated, and PT enquired why the rating had risen from 16 to 20. MVDW explained that this risk had been reviewed at the Risk Register Group, and had been rated as 'actual' from 'highly likely' which had resulted in the increase in rating, however it would be reviewed again at the next meeting due to take place later on 22.09.15. HB stated that in the past core processes had not been robust which resulted in the CQC observing that the Trust could not guarantee consistency of care. The Trust needed evidence that processes were working.		
18/15.3	Following discussion it was agreed that HB would present risks rated 12 and above at the next committee meeting for assurance and to ascertain whether going forward this would be standard.	Helen Brown	Nov. '15
18/15.4	It was acknowledged that there had been a significant improvement in the process over the last 6 months, but mindful that there was still further work to do.		
18/16	<u>Complaints Report</u>		
18/16.1	PB presented the report. He reported that the complaints process at WHHT has been reviewed resulting in a new work flow being introduced to ensure that complex complaints have a response time negotiated with the complainant.		
18/16.2	He noted that the new WHHT Datix system has enabled the opportunity to write KPIs which could be monitored during the complaint process, which would allow for any backlog to be identified and allow the situation to be rectified.		
18/16.3	JK raised the issue of the length of time taken to arrange local resolution meetings, and it was agreed that these should routinely take no longer than one month.		
18/17	<u>WHHT Safeguarding Annual Report</u>		

	Action	Who	When
18/17.1	MMcV introduced the report and explained since April 2015, there are now statutory requirements with regard to safeguarding adults. The report was considered with the following key elements discussed:		
18/17.2	<ul style="list-style-type: none"> Mandatory training ~ to note that Safeguarding Children and Adults training is mandatory and is reported via Divisions to the WHHT Safeguarding Panel and to the Quality & Safety Group. CQC Improvement Plan ~ MMcV assured the committee that any safeguarding issues had been assessed and addressed by Named Safeguarding team. Patients with dementia ~ observed that going forward an increased number of beds may be required, but MVDW advised that the view of the CCG was that patients should only be in hospital for specific medical treatment. KH commented that all Medirest staff have received instruction on dementia awareness for improved patient care. 		
18/17.3	The WHHT Safeguarding Annual Report was approved.		
18/18	<u>CAS Alerts Status Report</u>		
	Report noted.		
18/19	<u>Status of Policies Update Report</u>		
18/19.1	PB summarised the report which outlined the current Trust position with regard to the status relating to approved documentation. He outlined the proposal to address the number of policies overdue for review and the mechanism proposed to prioritize and clear the backlog. It was noted that progress would be monitored via the Quality & Safety Group.		
18/20	<u>CQC Fundamental Standards Proposal</u>		
18/20.1	HB presented the proposal to implement and embed a process to monitor and provide assurance of compliance within the Trust against the new CQC Fundamental Standards (Safe, Effective, Responsive, Caring and Well-led).		
18/20.2	The need to self-assess where WHHT sat in respect of standards of care and what 'good' looked like was acknowledged, in order to prioritize with a systematic process, how to address any areas requiring improvement.		
18/20.3	HB provided an overview of the proposed actions. It was proposed that a CQC Standards Monitoring Group would be established to provide a forum to report the status of compliance against the fundamental standards, identified gaps in compliance and facilitate the dissemination of actions and learning across the Trust.		
Reporting Groups			
18/21	<u>Quality & Safety Group</u>		
	Chair's summary of meeting held on 14.09.15 and approved Minutes from meeting held on 17.08.15		
	Noted.		

	Action	Who	When
	<i>Any Other Business</i>		
18/22	PC requested that future revised Terms of Reference for the Committee noted that he was the accountable Non-Executive Director for End of Life Care.		
	<i>Administration</i>		
18/23	The Committee noted the draft agenda for Safety & Quality Committee meeting to be held on 24 th November 2015		
	Date of Next Meeting		
	Date: Tuesday, 24 th November 2015 Time: 11.30 hrs - 13.00 hrs Venue: Executive Meeting Room, Shrodells Unit, WGH		