

**MINUTES OF THE SAFETY & QUALITY  
COMMITTEE HELD ON  
10 MARCH 2015 AT 1PM VIA VC USING  
BOARDROOMS AT WCH & CIC**

Present:

- Gina Tiller, (Chair) Chair (GT)
- Ramona Duguid, Acting Director of Governance (RD)
- Kathy Barnes, Head of Clinical Standards (KB)
- Margaret Nelson, Patient Committee Member (MN)
- Linda Bell, Maternity Services Risk/Governance Manager (LB)
- Sue Halsall, Head of Strategic Planning and Finance (SH)
- Helen Kelly, Head of Patient Safety & Clinical Governance (HK)
- Richard Heaton, Chief Matron (RH)
- Dr Jeremy Rushmer, Executive Medical Director (JR)
- Anne Musgrave, Head of Midwifery (AM)
- Julie Hendry, General Manager (JH)
- Gail Naylor, Executive Director of Nursing & Midwifery (GN)
- Ann Yarnold, Governance Facilitator (AY)
- Lesley Carruthers, Deputy Director of Nursing (LC)
- Lynn Anderson, Chief Matron (LA)
- Cath O'Kane, Nurse Consultant (CO'K)
- Dr Bill Glendinning, Clinical Director of Pharmacy (BG)
- Dr Tom Cairns (TC)
- Dr Fiona Graham (FG)
- Fiona Kelly, Tissue Viability Nurse (FK)
- Donna Beecher, Governance Facilitator (DB)
- Vicki Angel, Management PA - Minute taker (VA)

**SQC20/15 WELCOME AND APOLOGIES FOR ABSENCE**

GT welcomed everyone to the meeting. It was noted that the Committee was **NOT** quorate.

Apologies were received from: Nick McDonough, Annie Laverty, John Mitchell, Jessica Riddle, Julie Hendry, Stephanie Preston, Debbie Reape, Diane Murchison, Steven Bannister, Rachel Beck, Carole Jordan, Nick Strong, Roger Barton, Nadia Lucetti and Hilton Dixon.

GT requested that papers for the Committee are completed and sent to VA in a timely manner so all attendees are given the opportunity to read and digest the papers in time for the meeting.

**SQC21/15 MINUTES OF THE LAST MEETING – 10 FEBRUARY 2015**

Page 1 – Julie Hendry's apologies for the meeting to be noted.

The minutes of the last meeting were accepted as a true and accurate record with the addition of the above amendment.

**Action – Minutes from the last meeting**

1. Page 1 – add Julie Hendry's apologies to the minutes.

**SQC22/15 MATTERS ARISING AND ACTION PLAN**

Progress with the actions within the action plan was discussed and noted. See action plan for further detail.

**SQC23/15 PRESENTATION – PATIENT SAFETY SURVEY**

Dr Tom Cairns presented to the Committee. He stated that there is no standard patient safety questionnaire in the NHS for inpatients. Tom shared the data that was taken from the surveys where several specific issues were raised and multiple safety and quality themes highlighted.

TC confirmed that the full, final report is with JR and it is to go to the Audit Team.

GT requested for any actions to come back to this Committee.

TC fed back that the Junior Doctor's found carrying out the survey enjoyable and were positively engaged with safety. TC confirmed there was an escalation plan on the back of the survey for any incidents that occurred whilst the survey was taking place.

**SCQ24/15 REGULATORY COMPLIANCE****4.1 Chief Inspector of Hospitals update**

RD updated the Committee that the confirmed dates of the re-inspection are the 30 and 31 March (WCH visit) and the 1 April (CIC visit).

The first day (30 March 2015) will be a planning day for the inspection team.

RD confirmed that plans are progressing on key priorities areas well. A letter to staff is going out next week, week commencing 23 March 2015.

There are mock inspections this week on 12 and 13 March at WCH and CIC respectively. The mocks will target key lines of enquiry.

## 4.2 Compliance with new fundamental standards

RD presented to the Committee and drew the Committee's attention to page 4 of the report that outlined the associated audit programme and KPI's.

Key areas of change are also noted in the paper which will also be presented to Trust Board in March for formal approval.

The Committee **APPROVED** the report.

### 4.2.1 Duty of Candour

RD presented to the Committee and apologised for the late distribution of the report.

RD explained to the Committee that the CQC made this a formal regulation since November 2014. She added that following a Board Development Session, key themes were identified. The Improvement Plan at Appendix 2 was discussed.

RD confirmed that Duty of Candour was also discussed at CPG and this will also go to Trust Board for approval.

JR requested an updated paper to come to the May 2015 Safety and Quality Committee.

RD confirmed training is ready and that 'go live' will be by 17 April 2015.

The Committee **NOTED** the report.

#### **Action – Duty of Candour**

An update paper to come back to the May 2015 Safety and Quality Committee.

## **SCQ25/15 QUALITY AND SAFETY**

### **6.1 Patient Safety Panel Report (February 2015)**

JR presented the report to the Committee. During 2014/15 there were 171 SI's declared, 28 in February in comparison with 88 reported for the same timeframe during 2013/14.

The Committee **NOTED** the report.

### **6.2 Clinical Audit and Effectiveness Report**

FG presented the report to the Committee noting the highlights.

NICE backlog was also discussed. It was noted that a big improvement has been made around response to NICE guidance. There is now only 5

guidelines with no response at all however more guidance is coming in all the time.

Some momentum is required on new NICE guidelines as the backlog is now not an ongoing issue.

The NICE priorities (Appendix 1 of the report) were presented at CPG last Friday. Please can any comments be passed to FG or KB.

The Committee **APPROVED** the report.

### **6.3 Infection Prevention Report**

JR presented to the Committee and discussed the considerable Norovirus outbreak that has been happening over recent weeks on both sites. JR reported that the organisation is close to closing the outbreak at CIC and that an SI investigation into this will be carried out.

JR confirmed there has been 32 C-Diff cases in 2015/15 with 3 in February and 1 in March thus far. No Trust – apportioned MRSA in 2014/15.

There has been 11 apportioned MSSA bacteraemia cases in 2014/15, no additional cases in February.

The main risks were discussed and JR confirmed a very comprehensive work plan is going to EMT tomorrow around cleaning.

The Committee **NOTED** the report.

### **6.4 Nursing Workforce Assurance Report – February 2015**

GN presented the Nursing Workforce Assurance Report to the Committee confirming this is also the regular, monthly report that also goes to Trust Board. GN confirmed that all nursing figures go on to national system each month to log fill rates.

GN discussed the red flags which are detailed on page 9 of the report.

GN clarified to the Committee that the Heat Map includes inpatient wards only. GN also discussed the Ward Accreditation Framework which has been piloted in inpatient wards and will be part of the governance framework for the organisation.

GN confirmed the Board have signed off the Heat Map approach. GN added the final version that will go to Trust Board will be more refined. GN informed the Committee that the ward areas that are being monitored are outlined in the Executive Summary on the cover sheet.

GN outlined the next steps in the paper to firm up assurance and that the next round of acuity will be using an evidence based tool. GN also added that a key project on e-rostering will hold key data and metrics and that a

project plan for this is being developed.

GN is still awaiting feedback from Maternity on the Birthrate+ assessment.

HK queried the Heat Map being possibly dovetailed with the Ward Accreditation Framework as a staff “temperature check”

The Committee **NOTED** the report.

### **6.5 One Chance to Get It Right**

GN presented the report to the Committee around the End of Life and Bereavement Care in the Trust.

The One Chance to Get It Right document is a new publication nationally following the end of the Liverpool Care Pathway. This will have significant national profile. The key areas of progress are listed in the Executive Summary.

GN confirmed that a business case will be going to EMT tomorrow for the development of a Bereavement Team that will include a Bereavement Lead.

The Committee **NOTED** the report.

### **6.6 Policy Improvement Plan and Resume**

RD presented to the Committee and confirmed that an improvement plan around policies was signed off in May 2014.

Performance against P1 policies were discussed and RD drew the attention of the Committee to page 4 of the report regarding this. RD outlined the exceptions to the delivery of the improvement plan which were the policy training and the P1 Policy folders. She added that a much more targeted approach for the audit of P1 policies is required. A risk based audit update to be brought back to the Committee in May 2015.

SH queried access by the PFI company to our P1 policies. RD confirmed that the PFI company are welcome to have copy of the policy folders should they require them.

#### **Action – Policy Improvement Plan and Resume**

A risk based audit paper to come back to the May 2015 Safety and Quality Committee.

The Committee **APPROVED** and **NOTED** the report.

### **6.7 Maternity Integrated Dashboard and Risk Update**

LB presented the report to the Committee. 8 key KPI's outlined on the dashboard were outlined.

LB reported to the Committee this month where two theatres were in use at the same time.

LB confirmed that the epidural service go live date has unfortunately been put back to September 2015. GT expressed her disappointment that the go live date has been put back again and asked for assurance from LB that this would be the final confirmed date.

LB informed the Committee that the Euroking IT project now has a new project manager and a go live date of mid-late June 2015.

LB discussed the lack of resident senior paediatric cover out of hours at CIC. CO'K added that this is the highest risk on the Maternity and the Child Health risk register with a 15 rating and a way forward is required urgently as the arrangements currently in place are based on a lot on good will. CO'K explained the need for a 10 minute response rate for when a neonatal emergency is declared for resuscitation. CO'K confirmed that it is being monitored when the occurrences are taking place out of hours.

LB added that most units would have a middle grade Doctor or an advanced trained nurse on site for when this occurs.

GT confirmed that this issue absolutely must be resolved as a matter of urgency and must be escalated. It was agreed that RD, GN and JR to meet outside of the meeting to discuss this.

RD added that some further work is required around how the dashboard

#### **Action – Maternity Integrated Dashboard and Risk Update**

1. LB to circulate a refreshed version of the dashboard to the Committee via VA.
2. GN/RD/JR to meet regarding the Senior Paediatric Cover out of hours as soon as possible.
3. Anne Musgrave and LB to meet and feedback plans around epidural service.
4. Some blank areas on the dashboard to be urgently updated for robustness. GN added the dashboard needs to be refined so it is more readable. GN to give LB some contacts of who to speak to at other Trusts around what is done there.

The Committee **NOTED** the report

### **6.8 CAS Alert Report**

HK presented the report on behalf of John Mitchell (JM). She added that there was one exception which was that one of the alerts has been reopened. HK also informed the Committee that one alert was closed down a day late due to an admin oversight.

The Committee agreed that the alert (NHS/PSA/2014/010) for acute kidney to be closed. JM and HK to keep in contact with an update required at the next meeting.

**Action – CAS Alert Report**

An update on the upgrade of the closed alert that was agreed at this meeting is to be given at the April 2015 meeting.

The Committee **NOTED** the report

## **6.9 Claims Report**

HK presented the report on behalf of Carrie Dees. There have been five new claims in Quarter 3. HK informed the Committee that some trend analysis has taken place but difficult to find themes. The majority of claims are in the

Surgical Business Unit. This is being monitored.

HK confirmed this is within the parameters of others Trusts and NCUH is not an outlier in this scenario. Further details about other Trusts' are not readily available due to data protection etc.

HK confirmed an update report will come back to this Committee in April.

**Action – Claims Report**

An updated Claims Report to come back to the April 2015 meeting.

The Committee **NOTED** the report

## **6.10 Tissue Viability Action Plan**

FK presented the action plan to the Committee and explained the action plan has been developed following an external review. FK confirmed she is undertaking a review as the SI process is to be tightened up and she is meeting with Lesley and the Governance Facilitator about this.

FK updated the Committee on the issue of heel damage in the Trust. Compact mirrors were distributed to 3 wards in January and no heel damage has been recorded. Looking to roll the mirrors out fully. FK agreed with RD that a conversation needs to take place between them and the Chief Matrons and Lesley Carruthers around damage recorded as 3 or 4.

FK also confirmed that formal training for Healthcare Assistants will start from next week.

**Action – Tissue Viability Action Plan**

RD, FK, LC and Chief Matrons to meet regarding level 3 and 4 tissue damage.

The Committee **NOTED** the report

**SCQ26/15** **7. PATIENT EXPERIENCE**

**7.1 Complaints & PALS Performance Report**

HK presented the report to the Committee. The Trust recorded a performance of 100% for responding to complaints within the agreed timeframe during January 2015 making the year to date performance of 92.08% against the target of 95%.

There was a slight reduction from 7.46% to 7.02% from December 2014 to January 2015 for early initial contact with complainants.

HK directed the Committee to Appendix 1 that outlines the progress on required changes in relation to complaints. HK confirmed that she, GN and RD hold weekly meetings with complaints leads and some great work has been done in the Business Units on this.

RD requested that from the next report going forward that the details of complaints open over 50 days is to be included. HK agreed to add to this version of the report and for VA to recirculate.

**Action – Complaints & PALS Performance Report**

HK to include open complaints of 50 days + and to amend and recirculate to the Committee the report presented today.

The Committee **NOTED** the report

**SQC27/15** **8. STANDING ITEMS**

**8.1 Minutes of Sub Committees and Groups**

- **End of life and Bereavement Group held on 9 February 2015**  
The Committee noted the minutes.
- **Nursing, Midwifery and AHP Board held on 23 February 2015**  
The Committee noted the minutes.
- **Medical Devices Committee held on 26 January 2015**  
The Committee noted the minutes

**SQC28/15** **9. ANY OTHER BUSINESS**

**9.1 Review of revised Terms of Reference and Committee attendance**

Bill Glendinning, Clinical Director of Pharmacy to be added to the membership.



RD requested that it is recorded in the minutes that Governance Facilitators should not be attending Safety and Quality Committee in place of BUDs or Deputy BUDs. HK to speak with the BUD's about this.

**Action - Review of revised Terms of Reference and Committee attendance**

1. Bill Glendinning, Clinical Director of Pharmacy to be added to the membership.
2. HK to speak with the BUD's about Governance Facilitators and that they should not be attending Safety and Quality Committee in place of BUDs
3. HK to speak with Morven Smith re: a HR rep on this Committee.

**9.2 Updated Programme of Work schedule**

RD requested that the Clinical Audit and Effectiveness report comes monthly to the committee. To be amended on the work schedule.

HK confirmed that she and VA would work together to refresh the Safety and Quality programme of work schedule. For presentation at the next meeting.

**Action - Updated Programme of Work schedule**

1. Clinical Audit and Effectiveness report to come monthly to Safety and Quality Committee.
2. To bring back to Safety and Quality Committee for approval by Professor Barton in April 2015.

**SQC29/15 DATE & TIME OF NEXT MEETING:**

**Tuesday, 21 April 2015 at 2pm, via VC from the Boardrooms.**

## SAFETY & QUALITY COMMITTEE ACTION LIST – APRIL 2015

DATE OF MEETING: 21 APRIL 2015

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
<b>May 2014</b>				
<b>SQC41/14(d)</b>	<b>Clinical Audit Report – Qtr 4 2013/14</b>  1 YF to follow up NPSA/2009/RRR004 with Dr Ainsworth	<b>YF</b>	Quarter 4	Update required at April 2015 meeting.
<b>October 2014</b>				
<b>SQC77/14 6.8</b>	<b>Never Events Report</b>  1. A pack/booklet for Ophthalmology clinics to be introduced.	<b>NS</b>	April 2015	Update required at April 2015 meeting.
<b>November 2014</b>				
<b>SQC85/14/4.2</b>	<b>Claims Report</b> - CD to include evidence, if available, of trends involving claims and serious incidents and include within the next report.	<b>CD</b>	March 2015	<b>COMPLETE</b>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
<b>SQC87/14/6.3</b>	<b>Savile Report</b> - Charitable Funds Committee to be approached to check patrons of NCUH	<b>GN</b>	April 2015	GN updated the Committee that a National report with national recommendations is due. The current reports available are specific to certain Trusts/organisations.  Update required at April 2015 meeting.
<b>January 2015</b>				
<b>SQC05/15</b>	<b>Clinical Effectiveness Report</b> - CO'K to send RD the information on the NPSA Bundle for Neonates so that the bundle is linked to a guideline.  <b>Clinical Audit – Quarter 3 Report</b> - SP to review the business case and milestones for delivery of the heart failure national audit and provide an update to the Committee in February.	<b>C'OK</b>  <b>SP</b>	March 2015  March 2015	<b>COMPLETE</b>  <b>To be included in the next Quarterly report. Lynn Anderson to speak with Stephanie Preston and send feedback to the Committee via the Committee's PA.</b>
<b>SQC07/15</b>	<b><u>STANDING ITEMS</u></b>  <b>Minutes from Medicines Management Group/SMPG held on 17 November 2014 and 24 September 2014</b> - Bill Glendinning to meet with GN and JR to discuss reinvigorating attendance.  <b>Minutes from Nutrition Steering</b>	<b>BG/JR/GN</b>  <b>GN/JR</b>	April 2015  April 2015	Update required at April 2015 meeting.  BG fed back that there has been progress in attendance from Medicine. No clinicians felt able to attend.  Update required at April 2015 meeting.



Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	GN to ensure that escalation beds are to be captured on the ward heat map.  <b><u>Safety Improvement Plan</u></b> Safety Improvement Plan to be on April 2015 agenda for this Committee.	<b>GN</b>  <b>VA</b>	March 2015  April 2015	<b>COMPLETE</b>  Agenda item for April 2015 meeting.
<b>SQC15/15</b>	<b><u>BUSINESS UNIT QUARTERLY REPORTS</u></b>  <b><u>Maternity Integrated Dashboard and Risk Update</u></b>  LB to confirm to JR who is the current lead or diabetes and what are the arrangements / risks around this in regards to ante-natal care.  <b><u>Estates and Facilities Quarterly Report</u></b> SH to request that Darren Magee update the Committee with most recent data in regards to P2 equipment for the March 2015 Safety and Quality Committee meeting.	<b>LB</b>  <b>SH→DM</b>	April 2015  April 2015	Update to be provided at April 2015 meeting. LB to get confirmation from Mr Matar.  Update to be provided at April 2015 meeting. This is to be changed so consistent with Northumbria.
<b>SQC16/15</b>	<b><u>Complaints Progress Report</u></b>  HK to rectify the report so that Physio is not	<b>HK</b>	ASAP	<b>COMPLETE</b>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	listed as part of cancer services.			
<b>SQC18/15</b>	<p><b><u>Annual Review of Terms of Reference</u></b></p> <p>Suggested amendments to be sent to Professor Barton.</p> <p><b><u>Any other Business</u></b></p> <p>HK to present updated programme of work schedule for approval at March 2015 Safety and Quality Committee.</p>	<p><b>ALL</b></p> <p><b>HK</b></p>	<p>ASAP</p> <p>March 2015</p>	<p><b>COMPLETE</b></p> <p><b>COMPLETE</b></p>
<b>March 2015</b>				
<b>SQC24/15</b>	<p><b><u>Duty of Candour</u></b></p> <p>An update paper to come back to the May 2015 Safety and Quality Committee.</p>	<b>RD</b>	May 2015	To be agenda item at May 2015 meeting.
<b>SQC25/15</b>	<p><b><u>Policy Improvement Plan and Resume</u></b></p> <p>A risk based audit paper to come back to the May 2015 Safety and Quality Committee.</p>	<b>RD</b>	May 2015	To be agenda item at May 2015 meeting.
	<p><b><u>Maternity Integrated Dashboard and Risk Update</u></b></p> <p>1. LB to circulate a refreshed version of</p>	<b>LB/VA</b>	ASAP	<b>COMPLETE</b>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>the dashboard to the Committee via VA.</p> <p>2. GN/RD/JR to meet regarding the Senior Paediatric Cover out of hours as soon as possible.</p> <p>3. Anne Musgrave and LB to meet and feedback plans around epidural service.</p> <p>4. Some blank areas on the dashboard to be urgently updated for robustness. GN added the dashboard needs to be refined so it is more readable. GN to give LB some contacts of who to speak to at other Trusts around what is done there.</p> <p><b><u>CAS Alert Report</u></b></p> <p>An update on the upgrade of the closed alert that was agreed at this meeting is to be given at the April 2015 meeting.</p>	<p><b>GN/RD/JR</b></p> <p><b>AM/LB</b></p> <p><b>LB/GN</b></p> <p><b>JM/HK</b></p>	<p>ASAP</p> <p>April 2015</p> <p>April 2015</p> <p>April 2015</p>	<p>Update to be provided at April 2015 meeting</p> <p>Update to be provided at April 2015 meeting</p> <p>Update to be provided at April 2015 meeting</p> <p>Update to be provided at April 2015 meeting.</p>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p><b><u>Claims Report</u></b></p> <p>An updated Claims Report to come back to the April 2015 meeting.</p> <p><b><u>Tissue Viability Action Plan</u></b></p> <p>RD, FK, LC and Chief Matrons to meet regarding level 3 and 4 tissue damage.</p>	<p><b>HK</b></p> <p><b>RD/FK/LC/LA /RH</b></p>	<p>April 2015</p> <p>April 2015</p>	<p>Update to be provided at April 2015 meeting.</p> <p>Update to be provided at April 2015 meeting.</p>
SQC26/15	<p><b><u>Complaints &amp; PALS Performance Report</u></b></p> <p>HK to include open complaints of 50 days + and to amend and recirculate to the Committee the report presented today.</p>	<p><b>HK</b></p>	<p>ASAP</p>	<p><b>COMPLETE – recirculated on 12 March 2015 by VA.</b></p>
SQC28/15	<p><b><u>Review of revised Terms of Reference and Committee attendance</u></b></p> <ol style="list-style-type: none"> <li>1. Bill Glendinning, Clinical Director of Pharmacy to be added to the membership.</li> <li>2. HK to speak with the BUD's about Governance Facilitators and that they should not be attending Safety and Quality Committee in place of BUDs</li> <li>3. HK to speak with Morven Smith re: a</li> </ol>	<p><b>VA</b></p> <p><b>HK</b></p> <p><b>HK</b></p>	<p>ASAP</p> <p>April 2015</p> <p>April 2015</p>	<p><b>COMPLETE</b></p> <p>Update to be provided at April 2015 meeting.</p> <p>Update to be provided at April 2015 meeting.</p>



Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>HR rep on this Committee.</p> <p>4. Terms of Reference to come back to the Safety and Quality committee in April 2015.</p> <p><b><u>Updated Programme of Work schedule</u></b></p> <p>1. Clinical Audit and Effectiveness report to come monthly to Safety and Quality Committee.</p> <p>2. To bring back to Safety and Quality Committee for approval by Professor Barton in April 2015.</p>	<p><b>VA agenda for</b></p> <p><b>VA agenda for</b></p> <p><b>VA agenda for</b></p>	<p>April 2015</p> <p>April 2015 onwards</p> <p>April 2015</p>	<p>To be agenda item for April 2015 meeting.</p> <p>To be agenda item for April 2015 meeting.</p>