

**TRUST BOARD  
24<sup>TH</sup> NOVEMBER 2016**

<b>AGENDA ITEM NUMBER</b>	5.1	
<b>TITLE OF PAPER</b>	Quality and Performance Committee Meeting Minutes of 20 <sup>th</sup> October 2016	
Confidential	<b>No</b>	
Suitable for public access	<b>Yes</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams	√	
Top productivity	√	
<b>EXECUTIVE SUMMARY</b>		
	The minutes are submitted for noting	
<b>RECOMMENDATION:</b>		
	For noting	
<b>SPECIFIC ISSUES CHECKLIST:</b>		
Quality and safety	Included	
Patient impact	Included	
Employee	Included	
Other stakeholder	Included	
Equality & diversity	Included	
Finance	Included	
Legal	Included	
Link to Board Assurance Framework Principle Risk	The BAF is included in items submitted to QPC	
<b>AUTHOR NAME/ROLE</b>	Russell Wernham, Deputy Chief Nurse/Associate Director of Quality	
<b>PRESENTED BY DIRECTOR NAME/ROLE</b>	Dr David Fluck, Medical Director and Mrs Heather Caudle, Chief Nurse	
<b>DATE</b>	24 <sup>th</sup> November 2016	
<b>BOARD ACTION</b>	Noting	

**QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTES**  
**Thursday 20<sup>th</sup> October 2016**  
**Room 3, Chertsey House St Peter's Hospital**  
**11.00 -13.00 hrs**

<b>CHAIR:</b>	Mike Baxter (MB)	Non-Executive Director
<b>IN ATTENDANCE:</b>	Michael Imrie (MI)	Chief of Patient Safety/Deputy Medical Director
	Louise McKenzie (LM)	Director of Workforce Transformation
	Chris Ketley (CK)	Associate Non-Executive Director
	David Fluck (DF)	Medical Director
	Liz Davies (LD)	Acting Company Secretary
	Lorraine Knight (LK)	Interim Chief Operating Officer
	Peter Wilkinson (PW)	Divisional Director, Emergency Services & Acute Medicine
	Heather Caudle (HC)	Chief Nurse
	Marty Williams (MW)	Head of Patient Safety
	Peter Wilkinson (PW)	Divisional Director, Emergency Services and Acute Medicine
	Dakshita Takodra (DT)	Senior Audit Manager
	Erica Heppleston (EH)	Assistant Director, Regulation and Improvement
	John Hadley (JH)	Divisional Director, Theatres, Anaesthetics and Critical Care
	Paul Crawshaw (PC)	Divisional Director, Women's Health and Paediatrics
<b>SECRETARY:</b>	Russel Wernham (RW)	Deputy Chief Nurse/Associate Director of Quality
	Kate Flynn (Minutes) (KF)	Risk & Incidents Co-ordinator
<b>APOLOGIES:</b>	Hilary McCallion	Non-Executive Director (Chair)
	Suzanne Rankin (SR)	Chief Executive
	Andrew Laurie (AL)	Divisional Director, Diagnostics Therapeutics Trauma and Orthopaedics
	Peter Taylor (PT)	Non-Executive Director

ITEM		Action
70/2016	<b>Apologies for Absence</b>  As above.	
71/2016	<b>Minutes of the Last Meeting</b>  57/2016 (5/2016) should read "Loss to follow up" not "Inter	

	<p>specialty referrals”</p> <p>63/2016 “The Deputy Chief Nurses” should read “Divisional Chief Nurses”.</p>	
<p><b>72/2016</b></p>	<p><b>Matters Arising</b></p> <p>57/2016 Staffing shortages on Labour Ward – Staffing shortages on Labour Ward to be escalated to the SSM – Maternity have devised a protocol. HC will circulate the protocol – to be discussed at the November meeting.</p> <p>331/2015 Specialty Dashboard. Aim to include medical care delivery against specialty pathway lines in the QEWS dashboard. The Keogh standard indicators have not been included on the QEWS Dashboard. How we measure the quality indicators is being looked at as part of a wider review. HC to bring the recommendation to the January meeting.</p> <p>61/2016 Performance Review. The chair has asked to note attendance in the commentary of the report regarding the proportion of stroke patients admitted in 4 hours. This has been done.</p> <p>62/2016 SIRI Incident Report. Arrange a campaign for medication prescribing errors. The Interim Chief Pharmacist is arranging a piece of work around prescribing errors and this will be incorporated within the campaign.</p> <p>62/2016 SIRI Incident Report. A process is required for the closure of actions. The Chief of Patient Safety will develop this process and action. Weekly meetings are held with the Divisional Governance Teams and discussions are being held regarding the relevance of historic actions. Review in the January meeting.</p> <p>62/2016 SIRI Incident Report. Ensure there is assurance from the Divisions of the internal governance process. Internal governance process have been internally audited and there is a formal review of the governance processes.</p>	<p><b>HC</b></p> <p><b>HC</b></p> <p><b>MI/HC/LF</b></p>

	<p>63/2016 QEWS Triangulated Dashboard. The FFT scores for Kingfisher and Falcon need checking. This has been completed.</p> <p>63/2016 QEWS Triangulated Dashboard. There have been two falls with harm in August. Deputy Chief Nurse to liaise with the Falls Lead Nurse around education or induction with relatives mobilising patient. This has been completed.</p> <p>65/2016 Annual Claims Report. The Chief Executive recommended sending the report to the Divisional Directors to reflect on this. SR to write to the DD's and HC to draft a covering letter.</p> <p>65/2016 Annual Claims Report. The DD's to invite EH to present to each Divisional Governance team meetings.</p> <p>66/2016 Quality Governance Exception Report. National Cardiac Arrest Report to be sent to SR.</p> <p>67/2016 Risk Scrutiny Exception Report. Workforce and Organisational Development and Finance have not been represented at the last two meetings. MI has raised this with the Director of Workforce and Organisational Development and Director of Finance.</p>	<p>HC/SR</p> <p>DD's</p> <p>RW</p>
<p><b>73/2016</b></p>	<p><b>Divisional Quality Updates</b></p> <p><u>Women's Health &amp; Paediatrics</u></p> <p>There has been an update on the medication error incident. Phenytoin is being given in a new way and is in line with national guidance. ASPH try to follow Surrey Safeguarding Children Board's advice regarding non mobile children who present with bruising however, the guidance is difficult to follow and there is a risk that children are exposed to unnecessary radiation. Work is ongoing to try to clarify the guidance.</p> <p><u>Emergency Services and Acute Medicine</u></p> <p>The Quality Governance Manager is offering drop in sessions to assist in closing outstanding incidents on Datix. There are</p>	

	<p>issues with junior doctor staffing where there continue to be vacancies. Junior Doctors have raised concerns regarding workload, vacancies in the rota and handovers. The Division has put in place a diary exercise where junior doctors can log their hours and a report will be produced. There have also been similar issues in T&amp;O (Swan Ward) and this is a national issue. DF MI and LM are putting together a clinical workforce strategy to put together a comprehensive strategy to be discussed at TEC and presented to the Workforce Committee. There are pockets of work taking place and this will be pulled together. A Guardian of safe working has been appointed for junior doctors. His role will be to identify to the organisation, in real time, when working hours have been breached and to chair a junior doctor's forum where these issues can be discussed.</p> <p>It was recognised that these issues are difficult in a national context as well as a local context and through TEC and the Workforce Committee will be a strategy to address these issues.</p> <p>HC commended the patient safety team for their campaign to encourage the reporting of incidents on Datix.</p> <p>There have been two recent medication errors in ED as a result of verbal ordering of medication in a non emergency situation. PW will pick up with the ED team and feed this back.</p> <p><u>Trauma &amp; Orthopaedics</u></p> <p>There has been an extensive job planning exercise carried out and this has been positive overall.</p> <p>The iMSK programme is moving forward and the board will be strengthened.</p> <p><u>Theatres Anaesthetic and Critical Care</u></p> <p>Professor Michael Horrocks from Bath, in relation to GIRFT (Get It Right First Time) has met with the vascular team and this was a constructive meeting. The vascular board will look at how this</p>	<p>PW</p>
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	<p>can be implemented going forward.</p> <p>A new Upper GI surgeon has now started and will be involved in the bariatric programme.</p> <p>There has been an issue in colorectal with an infection rate being reported as being high following after emergency laparotomy. The specialty lead has made some interventions and this will be re-audited.</p> <p>A modular building is due to be installed to enable co-locating critical care and HDU. There remain outstanding issues to be resolved.</p> <p>There is a need to identify the KPI's for consultant of the week and JH will provide an update in January.</p>	<p><b>JH</b></p>
<p><b>74/2016</b></p>	<p><b>Annual Claims Report</b></p> <p>The report is a snapshot of claims emerging in the last 5 years.</p> <p>Monitoring in labour, maternity and paediatric care make up half of the claims in terms of value. There is also a large volume of orthopaedic cases – fracture diagnosis and management is a key area to focus on. Prompt diagnosis of neurological symptoms should also be an area of focus.</p> <p>Information contained within the report can help the clinical teams in terms of profiling their areas.</p> <p>There is an action plan which identifies that the Trust needs to do more in terms of notifying the specialty when a claim is received so that an early investigation can take place for learning.</p>	

<p><b>75/2016</b></p>	<p><b>Performance Review</b></p> <p>A&amp;E performance was 92.6% for September. This is a slight improvement however, we are 1% behind the recovery trajectory. In month 5 ASPH were 5<sup>th</sup> out of 126 Trusts and for this month so far we are 6<sup>th</sup>. This is an indication of the challenge nationally. September's performance shows the effect of the August holiday period and some factors were outside our control. An improvement programme is in place.</p> <p>RTT – the aggregate position is that the Trust is meeting the target.</p> <p>In terms of the Cancer target we have not met the cancer target for the quarter. There were two screening breaches.</p> <p>We recognise that there is room for improvement and actions are in place to address the issues.</p>	
<p><b>76/2016</b></p>	<p><b>SIRI Incident Report including Action Tracker for Quality and Safety Plans</b></p> <p>There were 5 new SIRI's reported during September. Closure was agreed for the 6 SIRI's presented for closure.</p>	
<p><b>77/2016</b></p>	<p><b>Trust Risk Register</b></p> <p>Financial risks have been described and added to the register and there is also a new risk regarding staffing on Swan Ward. The Trust Risk Register has been approved at TEC.</p>	
<p><b>78/2016</b></p>	<p><b>QEWS Triangulated Dashboard</b></p> <p>There are no level 0 wards. Swan ward remains on level 1. There will be a more formal review of Swan ward in January. FFT scores are a concern – wards struggle to collect data. ED staff have been incentivised to collect responses and there has been an improvement in October. There has been a reduction in PALS concerns and complaints. Chaucer has struggled in</p>	

	<p>terms of observation of patients vital signs and also in terms of getting feedback – there was a 0 return in terms of hand hygiene statistics. There are staffing issues and some staff have handed in their notice due to concerns about the potential relocation of the ward to St Peter’s Hospital following the stroke review.</p> <p>The ‘I Want Great Care’ gold package will be rolled out soon which will enable feedback for an individual clinician. There is still a requirement to continue with Friends and Family paper system. The 2% FFT return needs to be improved. HC to provide a progress report following the launch of I Want Great Care.</p> <p>RW will liaise with LD to set up a meeting with the non-executive directors to outline the strategy.</p>	<p>HC</p> <p>RW</p>
<b>79/2016</b>	<p><b>CQC Update External Agencies and Inspection Report</b></p> <p>The action plan cannot be closed in December because there is a compliance action on medicines management training and one of the individual NRLS cases that the CQC want feedback on pertains to a medicines management case involving safeguarding. Divisions are challenged with capacity to get their staff through medicines management training. MI/PS/HC/GR to meet to discuss a campaign to ensure staff attend mandatory medicines management training.</p> <p>Deloitte will be carrying out a Well Led Review and plans are actively underway to prepare the Trust for the assessment and brief staff in preparation for the review.</p>	<p>MI/HC</p>
<b>80/2016</b>	<p><b>Falls and Pressure Ulcers Action Plan</b></p> <p>A handout was circulated for discussion at the next meeting.</p>	
<b>81/2016</b>	<p><b>Board Assurance Framework</b></p> <p>Risks 2.1 to 2.3 have been amalgamated into a new risk which has been re-written (2.1). This is a major risk scored at 16.</p>	



<p><b>82/2016</b></p>	<p><b>Trauma Delivery Group Minutes</b></p> <p>There was a national trauma peer review on 2<sup>nd</sup> August and we have been asked to look at the operational policy from a trauma perspective. The management of elderly trauma and the poor identification of elderly patients with traumatic brain injury was an area highlighted. A red flag process has been developed to identify trauma patients and high risk groups will be identified. A&amp;E are on board in terms of clinical leadership. A non-executive is needed to support the trauma delivery group. Orthopaedic and general surgery specialty leadership are not regularly represented at the group. MB and LK to discuss with AM the process of identifying a non-executive director to support the group.</p>	<p><b>MB/LK</b></p>
<p><b>85/2016</b></p>	<p><b>Any Other Business – None</b></p>	
	<p><b>Date of next meeting:</b>  <b>17<sup>th</sup> November 2016 11.00 – 1.00, Room 3 Chertsey House</b></p>	