Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
27 July 2017

AGENDA ITEM NUMBER	5.1	
TITLE OF PAPER	Quality and Performance Committee Minutes of Meeting 15th June 2017	
Confidential	**NO**	
Suitable for public access	**YES**	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
Quality and Performance Committee.		
STRATEGIC OBJECTIVE(S):		
Best outcomes	✓	
Excellent experience	✓	
Skilled & motivated teams	✓	
Top productivity	✓	
EXECUTIVE SUMMARY	The approved minutes of the 15th June meeting. The Chair of this meeting was Dr M Baxter (on behalf of Professor Hilary McCallion)	
RECOMMENDATION:	For noting	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	Y	
Patient impact	Y	
Employee	Y	
Other stakeholder	Y	
Equality & diversity	Y	
Finance	Y	
Legal	Y	
Link to Board Assurance Framework Principle Risk	The BAF is included in items submitted to QAPC.	
AUTHOR	Russell Wernham, Deputy Chief Nurse, on behalf of the Committee Chairman.	
PRESENTED BY	Professor Hilary McCallion, Chair of the committee	
DATE	24 July 2017	
BOARD ACTION	Noting	

QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTES
15th June 2017
Room 3, Chertsey House St Peter's Hospital
11.00 - 13.00 hrs

CHAIR:	Mike Baxter (MB)	Non-Executive Director (Chair – deputising for HM)
MEMBERS:		
	Suzanne Rankin (SR)	Chief Executive
	Michael Imrie (MI)	Chief of Patient Safety/Deputy Medical Director
	Russell Wernham	Deputy Chief Nurse/Associate Director of Quality
	David Fluck (DF)	Medical Director
	Melanie Irvin-Sellers	Divisional Director Medicine and Emergency Services
	James Thomas (JT)	Chief Operating Officer
	Chris Ketley (CK)	Non-Executive Director
	Paul Crawshaw (PC)	Divisional Director, Women's Health and Paediatrics
	Louise McKenzie (LM)	Director of Workforce Transformation
	Mike Baxter (MB)	Non-Executive Director
	Jonathan Robin (JR)	Divisional Director Medicine and Emergency Services
	Sue Sexton (SS)	Divisional Chief Nurse (TASCC)
	Marty Williams (MW)	Patient Safety, Claims & Coroners
IN ATTENDANCE:	Erica Heppleston (EH)	Assistant Director, Regulation and Improvement
SECRETARY:	Russell Wernham (RW)	Deputy Chief Nurse/Associate Director of Quality
	Kate Flynn (Minutes) (KF)	Risk & Incidents Co-ordinator
APOLOGIES:		
	Hilary McCallion (HM)	Non-Executive Director (Chair)
	Heather Caudle (HC)	Chief Nurse
	Jacqui Rees (JR)	Acting Head of Patient Safety
	John Hadley (JH)	Divisional Director, Theatres, Anaesthetics and Critical Care
	Tom Smerdon (TS)	Chief Operating Officer
	Terry Price (TP)	Non-Executive Director

ITEM		Action

82/2017	**Apologies for Absence** As above**.**	**HM**
83/2017	**Minutes of the Last Meeting** Maternity Deep Dive - Change wording to "serious foetal abnormalities". Quality Account Draft – Representation of CQC data. How the data is presented is prescribed by the rules. Note that SR left the meeting to have discussions with KPMG. Cancer 62 day Standard Improvement Plan – Reword to make clear that there has been a new appointment to the post of Cancer Lead. SIRI Report – Change "grammatically clearer" to "the narrative should be clearer". TASCC Divisional Quality Update – This needs to be revisited by the Director of Operations to expand on why the Bariatric Service action plan is challenging. The minutes were approved subject to the above edits.	
84/2017	**Matters Arising** 4/2017 – Divisional Quality Update. On agenda. 26/2017 and 70/2017 – Mortality Reviews. MI confirmed this went to Board in May. It was agreed at TEC cannot draw *** yet – need to do more work regarding trial run of new mortality review process on December data. 53/2017 – Board paper with SIRI report on patient absconding from ED. Completed. 53/2017 – The SIRI report for case W37205 needs to be grammatically clearer to ensure the central issue is captured and information regarding this should be reworded. Discussed. 53/2017 – Report for DTTO W38219 the template is to be re-done and a grammatical refresh is needed to ensure the issues are captured. Committee could not recall what this action refers too. Datix number does not refer to a SIRI.	

	53/2017 – SIRI completion trajectory. Trajectories provided – on agenda. 64/2017 – Maternity Deep Dive – Stillbirths. On the agenda. 21/2017 – Cedar Ward Presentation. On the agenda. 39/2017 – Nursing Shift Patterns. The survey is in the process of being redone to target responses from inpatient Ward Nurses. Report to come back to Quality Governance Committee. 67/2017 – KPMG Quality Account 2016/2017 Audit Report. Audit Report to Management with improvement recommendations to be refreshed to be more anonymised. Action complete. 67/2017 – KPMG Quality Account 2016/2017 Audit Report. Recommendation 1 (4 hour Accident & Emergency (A&E) validation) – TS to ensure the A&E 4 hour wait data is validated and to ensure the Standard Operating Procedure (SOP) is finalised and approved and to progress the internal audit by TIAA. Feedback to the July meeting. 67/2017 – KPMG Quality Account 2016/2017 Audit Report. Internal Audit of A&E 4 hour wait is to be undertaken. The TIAA Internal Audit Manager has been scoping the Audit in late May. Feedback to the July meeting. 67/2017 – KPMG Quality Account 2016/2017 Audit Report. Recommendation 2 (4 hour A&E governance) – the root cause analysis on the departure from governance channels was due to be undertaken by 30 April 2017 and assurance that this action will be completed in May 2017 is required per the Audit Report. Report to be expedited to the July meeting. 68.1/2017 – Healthwatch concerns from media article. Completed. 73/2017 – QEWS – MES Division Update Paper. In respect of the MES Division – A written paper is to be provided to the June meeting updating on interventions in the medical areas. On the agenda. 73.1/2017 – QEWS – MES Division Update Paper. In respect of the	

	MES Division – A written paper is to be provided to the June meeting updating on Paediatric ED, for which 3 SIRIs were noted. Update to be given separately by JU. 73.2/2017 – QEWS – MES Division Update Paper. In respect of the MES Division – A written paper is to be provided to the June meeting with a narrative to describe what has changed on Aspen Ward. ***** nursing staffing. 51/2017 – Learning Disability Pathway. Mortality data to be analysed in terms of learning disability patients. A gap analysis is being done and will be circulated to QPC. This paper is late and is to be provided in July.	
85/2017	**Maternity Deep Dive Stillbirth Audit Report** The report was noted and summarised in Appendix 1.	
88/2017	**Cedar Ward Action Plan presentation** CC presented to the meeting in response to a QEWS score of level 1. *** ** *** indicated. Flagging areas are ** access and multidisciplinary. In response to the QEWS score the CNL has been working on Cedar Ward as a physical presence with more clinical shifts. The rota has been altered. The April QEWS level has improved. Hand hygiene gaps were due to medical staffing and a multidisciplinary campaign has been undertaken as an intervention. A band 7 ward leader is to be recruited. Lots of work streams *** re the 4 hour performance. Plans to raise the 45 day to 7 day working for the HASU are a key improvement area. Regarding outcomes, the Warrington stroke score and outcome at time of discharge is being considered but no firm data exists at this point in time. Consultants are cascading change regarding QEWS key measures was outlined. JR outlined that direct admissions to Cedar, rather than via A&E is to be implemented going forward.	
74/2017	**Pressure Ulcer Update Report** RW presented the report. Agency and bank staffing did not correlate with an increase in pressure ulcers. Acuity of patients in some wards	

	was reviewed. Key areas are training and that substantive staff ***** and onboarding of agency staff. The report findings and conclusion were noted by MB as being discordant. ******* on stage 3's. May be that improvement in pressure ulcers is at the expense of some other areas declining but we don't have the data on this. SR suggested if *** approach the pressure ulcers including culture needed expansion Trust wide.	
86/2017	**Performance Review** JT advised that this was above the *** trajectory. Cancer elective on the day cancellations have improved significantly via targeted work. Have a plan with the CCG for sustained performance. JR outlined the fragility of acute performance. We have greater variability than nationally on a daily basis regarding the A&E 4 hour wait which is due to capacity. A step new target in delayed transfers of care has been agreed going forward but this was noted as heavy. System dependencies. Internal factors with ** be informal were discussed including the need for timely diagnosis and care planning from admission onwards. JR to report back on actions and *** including Delayed Transfer of Care (DTOC) Get It Right First Time (GIRFT) methodology and application in the Emergency Care pathway.	**JR**
87/2017	**SIRI Incident Report** Gaps in the falls service were noted. There are 9 out of date SIRI reports at any point in time. 14 cases were recommended for closure. MI to review if there was a 10 fold increase in dose of Actrapid resulting in a never event. Certain cases on the SIRI report were discussed. It was noted that the 'Order-comms' system required for test monitoring is needed but is still not in place, this is on the risk register. DF to obtain timescale regarding the 'Order-comms' system to see if this can be expedited.	**MI** **DF**

89/2017	**Progress Update on Swan Ward** RW to bring back the Swan Ward update to the July meeting.	**RW**
73/2017	MB discussion on action needed re Aspen and Schwartz Round and intervention. Split into 2 actions 73.1 and 73.2. Related in part to Aspen choosing not to get agency staffing and 'I ****' when the ward team staffing gaps.	
91/2017	**Divisional Quality Updates** <u>Women's Health and Paediatrics</u> PC advised that recruitment remains an issue and *** middle grade has had some recruitment. <u>Medicine and Emergency Services</u> MIS advised that Maple Ward now has 5 day consultant cover with raised junior doctor support and more permanent rota to *** is being worked upon. Haematology has 1:4 7 day on call cover – may be unable to do this going forward in future and the Divisions are thinking of an *** with the Royal Surrey County Hospital. The SIRI trajectory is *** by end October.	
92/2017	**Overdue SIRI actions and Datix Incidents** All Divisional Directors are taking action to get the SIRI's closed. SS left the meeting. SR left the meeting earlier.	
93/2017	**QEWS Triangulated Dashboard** RW outlined by exception including pressure ulcers in areas with non-invasive ventilation. Divisional Chief Nurses are reviewing and mitigating in areas with red and amber shifts. CN to review how staff staffing assurance is obtain in conjunction with safe staffing process. Best care audit review is on-going **** by RW, HC and the Project Management Office team. Best outcomes and Best Care combined dashboard remains an ongoing work area. JR raised concern with QEWS and AMU domains in clinical practice *** Aspen Ward and AMU to provide short ward updates in the form of two	

	slides (10 minute presentation each). Date not specified ?August.	**LF**
94/2017	**Quality Safety and Risk Management Strategy** Paper not tabled by RW. 2015 – 2023 "end of strategy review" in 5 years is planned by RW. 5 year review to come to October meeting. DF left the meeting	**RW**
95/2017	**Patient Experience Improvement Strategy** Carers support plan was noted by RW. It is going to Execs and Board in June, following approval at Nursing and Midwifery Assurance Committee. There is a dedicated member of staff to support carers.	
96/2017 – 98/2017	**Quality Governance Committee Exception Report** **Patient Experience Monitoring Group Exception Report** **CQC Regulation Paper** Time constraint was noted. Members to provide comments on these papers to the chair of there are concerns. Unable to finish the meeting.	
99/2017	**Any Other Business** **Reducing the risk from Medication Administration Errors: Independent checking** Paper was circulated to the meeting. MI highlighted failures in phenytoin incident and two person drug administration. MI is suggesting a research piece of work in this area, as a lack of evidence in this area is noted. It was noted that chairs action was taken to support and proceed with the research. MI to update on progress.	**MI**
	Date of next meeting: Thursday 20th July 2017, 11.00-13.00 Room 3 Chertsey House	

Appendix 1

Maternity Deep Dive Report

The Deep Dive took place in February 2017 and has been refreshed. Maternity reviews over time were listed. Governance, midwifery staffing, learning from incidents and claims were reviewed. Governance arrangements for midwifery were reviewed.

The meeting structure including reporting framework and multidisciplinary aspect was considered including link to Trust structure. Multidisciplinary team training was evaluated. A 12 month multidisciplinary training programme has been booked using external funding secured. Simulated training with a 'SIM MOM' simulation model occurs. Midwifery staffing review showed funded ratios are acceptable with one midwife to 29 births. Midwifery vacancy levels are a challenge but there is a robust recruitment plan. 10 cases of serious incidents across 3 years were reviewed involving monitoring in labour. The types of training were presented and described. Senior presence and planning for high risk women has been focussed upon to raise consultant presence on the Labour Ward from next week via a new rota.

The Sign Up to Safety Plan pledges were reviewed an outlined. Stillbirth rates since 2014 were outlined. A discussion on f *** associated with stillbirths was discussed. The GAP/GROW surveillance programme was discussed and the Department of Health Saving Lives care bundle with risk assessment and care planning. There have been 3 recent sudden infant deaths which have been case reviewed.

JU to look for reason of discrepancy between CDOP audit and Trust's 100% result of safe sleeping practices.

Joan Booker Ward was reviewed in light of patient experience feedback and some of the changes implemented were outlined. 40 of 50 improvement actions were in place.