

**Trust Board**  
**27<sup>th</sup> October 2016**

<b>AGENDA NUMBER</b>	<b>ITEM</b>	5.1
<b>TITLE OF PAPER</b>	Quality and Performance Committee Minutes of Meeting 15 <sup>th</sup> September 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>		
None		
<b>STRATEGIC OBJECTIVE(S):</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 (BAF) Principle Risk	The BAF is included in items submitted to QPC
<b>AUTHOR NAME/ROLE</b>	Russell Wernham, Deputy Chief Nurse
<b>PRESENTED BY DIRECTOR NAME/ROLE</b>	Dr David Fluck, Medical Director and Mrs Heather Caudle, Chief Nurse
<b>DATE</b>	21 <sup>st</sup> October 2016
<b>BOARD ACTION</b>	Noting

**QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTES**

**Thursday 15<sup>th</sup> September 2016**  
**PGEC Room 1, St Peter's Hospital**  
**11.00 -13.00 hrs**

<b>CHAIR:</b>	Terry Price (TP)	Non-Executive Director
<b>IN ATTENDANCE:</b>	Suzanne Rankin (SR) Michael Imrie (MI)	Chief Executive Chief of Patient Safety/Deputy Medical Director
	Louise McKenzie (LM)	Director of Workforce Transformation
	Lorraine Knight (LK) Peter Wilkinson (PW)	Interim Chief Operating Officer Divisional Director, Emergency Services & Acute Medicine
	Heather Caudle (HC) Marty Williams (MW) John Hadley (JH)	Chief Nurse Head of Patient Safety Divisional Director, Theatres, Anaesthetics and Critical Care
	Peter Wilkinson (PW)	Divisional Director, Emergency Services and Acute Medicine
	Dakshita Takodra (DT)	Senior Audit Manager
<b>SECRETARY:</b>	Russel Wernham (RW)	Deputy Chief Nurse/Associate Director of Quality
	Farhana Nargis (Minutes) (FN)	Quality Team Administrator
<b>OBSERVER:</b>	Nikki Hookins (NH)	Midwife

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<b>APOLOGIES:</b>	Hilary McCallion	Non-Executive Director (Chair)
	Paul Crawshaw (PC)	Divisional Director, Women's Health & Paediatrics
	Andrew Laurie (AL)	Divisional Director, Diagnostics Therapeutics Trauma and Orthopaedics
	Chris Ketley (CK)	Associate Non-Executive Director
	Mike Baxter	Associate Non-Executive Director
	David Fluck (DF)	Medical Director
	Erica Heppleston (EH)	Assistant Director, Regulation and Improvement

**ITEM** **Action**

**55/2016 Apologies for Absence**

As above.

**56/2016 Minutes of the Last Meeting**

Clarification required on Page 6, to check if BAF paper was required at that meeting.

**RW**

Page 2 -5/2016 – 'Wrong patients are continuing to be sent for imaging'. Provide clarity on what has been done to address this.

**RW**

TP is happy for the minutes to go to Trust Board Open once above issues have been clarified.

**57/2016 Matters Arising**

4112//2016 DIPC 6 month report – Discussion has taken place at the Infection Control Committee. An audit has been carried out between 25<sup>th</sup> July -24<sup>th</sup> August 2016. There were 50 vascular admissions and 40 non vascular. Satisfied we are following the correct protocols. Action to be closed

439/2016 Midwifery staff not performing tasks they perceive to be nursing interventions – On Risk Register, Action to be closed.

5/2016 Inter specialty referrals – Process is underway and we are 4 weeks into this. Timescale is 6-8 weeks. LK/MI to provide updates at future meetings on the recommendations and actions.

**LK/MI**

6/2016 Falls and pressure ulcers action plan – Data is being

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presented to the CQRM this month. Item to go on agenda for October meeting.

**HC**

34/2016 QEWS Triangulated Dashboard. HC to produce a timetable for delivery of the interventions planned for Swan Ward. SR asked for assurance on stability. HC plans to hold a Risk Summit and expects stability in November 2016. Item to be placed in future actions and to be discussed in January 2017 unless escalation is required.

**HC**

SR stated that we need to write to clinicians about their concerns in response to the Datix.

**JH**

39/2016 Patient Experience Improvement Strategy. Not on agenda – close and come as required.

45/2016 Staffing shortages on Labour Ward to be escalated to the SSM – Maternity have devised a protocol. HC will provide an verbal upon completion at the next meeting

**HC**

331/2015 Specialty Dashboard. Indicators will be available in December 2016.

**HC**

**45/2016 Divisional Quality Updates**

Emergency Services and Acute Medicine

Two Stroke Consultants have been appointed, recruitment and interviewing is underway and plan to have an improved stroke pathway for April 2017 and operational from October 2017.

Awaiting for a second strike to continue as planned.

MI met with the Respiratory Medicine Consultant around mortality reviews, they are awaiting national guidelines on how to conduct reviews.

Theatres Anaesthetic and Critical Care

Appointments for Vascular Anaesthetists have been unsuccessful and will leave it until next year to recruit.

Theatre improvement project has made progress, automatic opening of doors and signage have been installed to control access.

In colorectal there has been a reported increase in surgical site infection. Reported to below the national average of 9%. Latest figures show 19%. The Consultant Microbiologist will implement some actions and re-audit.

Appointment of four Vascular clinicians to the Vascular Board

T&O –MSK go live beginning of October 2016.

No representation from two Divisions: Diagnostics Therapeutics Trauma and Orthopaedics and Women's Health and Paediatrics.

Action: RW to ensure all Divisional Directors are present or to send a representative in their absence.

RW

**59/2016 Feedback from Trauma Review**

The panel review went well and received good feedback from representatives. The final report showed there was no of evidence immediate risks or concerns.

The panel did note some concerns to be noted:

1. Lack of front door identification of elderly trauma patients
2. Time to CT for head injuries, some elderly patients are delayed in getting their CT.

The outcome for the review is that the actions have been added to the work plan and will continue to deliver on this.

**60/2016 Trauma Delivery Group Minutes**

Note minutes - for information only.

**61/2016 Performance Review**

ED Performance was good, continues to make progress and about to develop phase 2 of improvement programme.

There have been changes in Trauma and Orthopaedics pathways which are beginning to drag the trust performance down particularly in the Pain Service. The division has been asked for a recovery plan.

Cancer performance, low in July, recovered in August. Process needs shortening which will help us to reduce the time taken for patients to flow through various pathways. This is a sector wide action plan.

**Action:** The chair has asked to note attendance in the commentary of the report regarding the proportion of strokes patient admitted in 4 hours.

**LK**

**62/2016 SIRI Incident Report including Action Tracker for Quality and Safety Plans**

There are three parts to the report:

1. New Incidents
2. Closure
3. Outstanding

Part one:

There is a small numerical error on the front page of the report: 'This report summarises 20 Serious Incidents' This should read 18.

W32482 – This is not a never event because it is related to the imaging being incorrectly presented.

There are 2 SI's in the bariatric pathway.

Part two:

W20655 – One of the actions was to audit prescribing anti coagulants. The results of that audit are that 69% of the prescriptions are legal and 90% have the necessary information for safe prescribing. There is a plan to re-audit with an action plan.

The key action is around electronic prescribing which 2 years away is.

Improvement work is required for medicine prescribing. The Chief Executive would like a mass engagement quality improvement piece to demonstrate a vigour approach for medication prescribing errors. The Chief Nurse stated they are refreshing the Quality and Safety strategy which could include medication prescribing errors. The Chief of Patient Safety questioned if we have the resources to fully address the actions

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that come out of Serious Incidents.

Action to be closed. Going forward, arrange a campaign for medication prescribing errors. Chief Nurse and Medical Director to take this action forward.

**HC/DF**

The Chief Patient Safety stated that all the incidents are closed.

**MI**

Part three:

**Action:** A process is required for the closure of actions; the Chief of Patient Safety will develop this process and action.

**HC/LF/LT**

The Chief of patient safety stated that there is no adequate resource to enable completion of actions.

**Action:** The Chief Executive has recommended that the Chief of Patient is to prepare a proposal and business case for what resource is required to manage the Serious Incidents.

Ensure there is assurance from the divisions of the internal governance process. Medicine to triangulate the outstanding issues against the action.

**Action:** Chief Nurse will take this action to the Divisional Chief Nurse and the Divisional Quality Governance manager.

**63/2016**      **QEWS Triangulated Dashboard**

There are no wards with zero rating.

Swan has maintained level 1 since June; Aspen continues to be at level 1.

Date capture is an issue in Women's health and Paediatrics for the Friends and Family test (FFT) – there is a weakness to collect and demonstrate above 30% of patients being discharged. The rating is below the national average of 95%.

Oak/ Ash Wards, Paediatric A&E are having issues with data capture.

The Chief Executive commented that leaders require clarity on what is required to generate FFT output and to set a reasonable achievement level.

The Deputy Chief Nurses have been given an action to discuss the importance with their team.

**Action:** The FFT scores for Kingfisher and Falcon need checking.

HC

There have been in a lot of Serious Incidents of 2 falls with harm in August.

**Action:** Deputy Chief Nurse to liaise with the Falls Lead Nurse around education or induction with relatives mobilising patient

RW/CC

**64/2016**      **Care Quality Commission Regulation Action plan**

**Action:** Discuss the closure of the action plan in a table top review with the CQC and close by December 2016

HC/RW/EH

**65/2016 Annual Claims Report**

The Assistant Director Regulation and Improvement is the author of the report and will present this in the October meeting.

Committee members to review and think about the response by October.

The Chief Executive recommended sending the report to the Divisional Directors to reflect on this.

**Action:** The Chief Executive to write to the DD's. Chief Nurse to draft a covering letter.

**SR/HC**

The report will be discussed at QPC and the next Risk Scrutiny Committee.

**Action:** The Divisional Directors to invite the Assistant Director Regulation and Improvement to present to each Divisional Governance team meetings.

**DD'S/EH**

**66 /2016 Quality Governance Exception Report**

Administrating blood products and ordering

Psychiatric liaison support –raised with the CCG

The control and restraint training the process is nearly complete.

**Action:** Deputy Chief Nurse is supporting the resuscitation manager regarding The national cardiac arrest report.

**RW**

Report to be sent to the Chief Executive.

**67/2016 Risk Scrutiny Exception Report**

Workforce and Organisational Development and Finance have not been represented at the last two Risk Scrutiny meetings.

**Action:** The Chief of Patient safety to raise this concern with the Director of Workforce and Organisational Development and

**MI**

Director of Finance.

Staffing difficulties are featured across the divisional risk registers, most notably on Swan, Swift, Falcon, Paediatric medical staffing, Sonographers (WHP).

**68/2016 Patient Experience Monitoring Group Exception Report**

There is an action in progress on FFT test scores in A&E. There have been low feedback rates recorded in the department following the end of the text messaging service.

The review date has been revised from January 2017, now November 2016.

**69/2016 Any Other Business – None**

**Date of next meeting:** Thursday 20<sup>th</sup> October 2016, 11:00-13:00 Room 3 Chertsey House