

TRUST BOARD
29 March 2018

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| AGENDA ITEM | 17.1 | |
| TITLE OF PAPER | Quality & Performance Committee Minutes – January and February | |
| Confidential | NO | |
| Suitable for public access | YES | |
| PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED | | |
| Approved in Quality and Performance Committee (QPC) on 18 January and 15 February 2018 respectively. | | |
| <u>STRATEGIC OBJECTIVE(S):</u> | | |
| Best outcomes | ✓ | Incorporated |
| Excellent experience | ✓ | Incorporated |
| Skilled & motivated teams | ✓ | Safety is improved when teams actively engage with care quality improvement. |
| Top productivity | ✓ | Performance is improved with effective pathways and safe care. |
| EXECUTIVE SUMMARY | | |
| | The Quality and Performance Committee Minutes are submitted for assurance. | |
| SPECIFIC ISSUES CHECKLIST: Incorporated | | |
| PRESENTED BY | Hilary McCallion, NED and Chair of the Committee | |
| DATE | 23 March 2018 | |
| BOARD ACTION | Submitted for assurance | |

QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTES

20th January 2018

Room 1, PGEC St Peter's Hospital

11.00 – 13.00 hr

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| CHAIR: | Chris Ketley (CK) | Non-Executive Director |
| MEMBERS PRESENT: | Suzanne Rankin (SR) | Chief Executive |
| | Professor Mike Baxter (MB) | Non-Executive Director |
| | Dr David Fluck (DF) | Medical Director |
| | Sue Tranka (ST) | Chief Nurse |
| | Tom Smerdon (TS) | Chief Operating Officer – Unplanned Care |
| | Andrew Laurie (AL) | Divisional Director Medicine and Emergency Services ¹ |
| | Mr Faris Zakaria (FZ) | Divisional Director WHP |
| | Russell Wernham (RW) | Deputy Chief Nurse |
| IN ATTENDANCE: | Mark Hinchcliffe (MH) | Programme Office Manager |
| SECRETARY: | Dr Erica Heppleston (EH) | Associate Director of Quality |
| | Kate Flynn (Minutes) (KF) | Risk and Incidents Co-ordinator |
| APOLOGIES: | Dr Melanie Irvin-Sellers | Divisional Director MES |
| | Dr Jonathan Robin (JRO) | Divisional Director MES |
| | Marty Williams (MW) | Head of Patient Safety, Claims and Coroners |
| | Professor Hilary McCallion (HM) | Non-Executive Director |
| | James Thomas (JT) | Chief Operating Officer – Planned Care |
| | Terry Price (TP) | Non-Executive Director |
| | Louise McKenzie (LM) | Director of Workforce Transformation |
| | Mr John Hadley (JH) | Divisional Director, TASCC |
| | Jacqui Rees (JR) | Head of Regulation and Safety Improvement |

¹ Abbreviations: Diagnostics Therapies Trauma Orthopaedics (DTTO), Intensive Care Unit (ITU), Medicine and Emergency Services (MES), Emergency Department (ED), Women's Health and Paediatrics (WHP), Theatres Anaesthetics Surgery Critical Care (TASCC), Divisional Director (DD), Quality Experience Workforce Safety (QEWS), Acute Medical Unit (AMU), Serious Incident Requiring Investigation (SIRI), Trust Executive Committee (TEC), Risk Scrutiny Committee (RSC).

| ITEM | | Action |
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| 1/2018 | <p>Apologies for absence</p> <p>These are noted above.</p> | |
| 2/2018 | <p>Minutes of the December 2017 meeting</p> <p>The December 2017 minutes were approved to the next Trust Board meeting.</p> <p>Minor actions have been noted on a separate action log and are being taken forward offline.</p> <p>10 actions have been closed since the last meeting.</p> <p>The BAF is being refreshed as part of the Well Led Review.</p> <p>170/2017 – No feedback has been received regarding the information on the SIRI report so this action was agreed for closure.</p> <p>The timing of QPC will be reviewed, to enable the Quality Report to be reviewed prior to Board. An alternative option is for the Quality Report to be more retrospective.</p> <p>168/2017 – Process for the new reports has been implemented so this action was agreed for closure.</p> <p>94/2017 – The Quality Strategy is in draft format and the Risk Management Strategy is being drafted and will be finalised after the January Board masterclass.</p> <p>135/2017 and 152/2017 – These actions are deferred as the external consultancy has not yet finalised their review of governance.</p> <p>124/2017 – This action will be re-framed.</p> <p>Action: The Quality team will link with the Governance Leads to ensure clinicians are linked appropriately to incidents on Datix.</p> | <p>Actioned</p> <p>EH</p> |
| 3/2018 | <p>Performance update</p> <p>Accident and Emergency performance was above trajectory and it was noted that performance has benefitted from the inclusion of attendances at Woking Walk in Centre.</p> <p>The Trust was on OPEL 2 status during December to generate capacity for the Christmas period. Admissions have been high but mortality has not spiked. Flow out of the hospital has been poor following black status at the</p> | |

beginning of January and performance is currently at 88% for January.

Obstetric ward attenders (approximately 20-30 per day) are not recorded electronically and therefore not captured.

The team was congratulated on the performance given the wider pressures.

Referral to Treatment (RTT) position is currently 91.1%. This has been affected by winter pressures and there are capacity and workforce issues on non-admitted pathways. The Division is looking at recovery plans for each of the services and job planning will be reviewed.

Cancer Services are compliant with the 62 day standard but are underperforming with regards to Two Week Rule (TWR) referrals, partly due to demand versus capacity issues.

Action: The TWR process will be reviewed to ensure that patients are not undergoing unnecessary procedures and samples are prioritised for screening appropriately.

TS

4/2018

Divisional Director exception updates

WH&P

There has been an increase in the number of stillbirth in December and early January but the Trust is still below the national average for the year. The Division has requested an external review of this cluster of cases and the increased workload is putting pressure on the Clinical Governance Team.

Action: The Division will put together a business case to reflect the additional cost involved.

FZ

DTTO

There has been an increase in pressure ulcers on Swan Ward and an in depth review will be undertaken. There have been a number of new staff members on the ward which may have had an impact.

TASCC

QEWS performance is in line with prior months.

The RTT is under risk due to the need to alter the case mix to

accommodate emergency care patients since late December.

There is a risk regarding the ability to provide continuous immediate anaesthetic emergency airway provision. This risk is being prioritised and a proposal for a firm plan will be submitted to Execs later this month. There have not been any incidents as a result of a lack of provision.

MES

The Division have escalated concerns about the number of patients needing 1:1 observation for challenging behaviours in May and Swift wards. Plans are in place to work with mental health providers to address this issue.

QEWS

Practice has previously been to present the QEWS Dashboard one month in arrears however, this month's data was available earlier.

Four wards have dropped to level 1. There has been a widespread decline in ED regarding many of the measures. There is an adherence issue with the disclosure and barring service requirement being tested and this needs to be reviewed.

Friends and Family Test (FFT) rates are low in many areas and the organisation is looking at what form feedback will take going forward.

The Domains in Clinical Practice Audit is contained in detail in the regulation paper which shows areas for improvement and this was noted to be impacting on the QEWS score.

Eight areas had issues with Safety Thermometer submissions. Four were found to be an uploading problem and that is being addressed. The reason for non-submission from the remaining four areas is under review.

There has been a high number of falls on May and Swift ward and RCA's are underway.

There were 8 complaints and 8 PALS issues in ED and these were analysed. An immediate action regarding more detailed discharge summaries resulted from a PALS concern.

QEWS is a predictor of risk but it has not been analysed whether it is an accurate predictor of patient harm. Much of the dashboard is regulatory but

it does not provide the committee with assurance. A more accurate predictive tool is currently being developed.

FFT and iWantGreatCare are under review.

Action: A paper will be presented in March to outline a proposal of the patient experience feedback plan for the year ahead.

ST/EH

Action: A simple QEWS report will be submitted to the February committee.

ST

5/2018

Learning from Deaths Board Report

The report is a draft report which contains data from quarter 3. There remain issues with percentage of compliance.

Using evidence to complete the structured judgement reviews has proved difficult. Of the 15 cases reviewed out of 42, one suggested poor care however, the second stage review showed the care was adequate.

Action: DF and ST will organise a workshop to agree the way forward.

DF/ST

The committee's role should be to challenge whether the organisation is learning from the reviews.

The timeliness of the reviews is an issue The mortality committee are reviewing the process.

The paper was noted.

6/2018

Safer Maternity Care

No summary of the document was received.

Action: This will come back to the next committee with an executive summary.

ST

Quality Account Priorities

The paper summarises our approach to quality improvement to our key priority learning for next year.

The quality priorities have been consulted on with staff, key stakeholders and have been discussed at TEC.

The report has been revised since it was presented at TEC.

EH

Action: EH will provide a front sheet to Board to describe the two papers.

The paper was noted.

Regulation paper

A revised CQC engagement and inspection model started in 2017 which will mean quarterly service reviews on a planned basis. This is an engagement piece and will not change the Trust rating.

The “model ward” pilot will be embedded and rolled out throughout the organisation.

The verbal report received did not match the written report received by the Trust and this was fed back to the CQC.

The paper was noted.

Incidents SIRI report

The report has been streamlined and modified for board. The paper demonstrates that there are delays in the process at each stage and the process needs to be streamlined, as it is not aligned to the SI framework.

The committee is currently asked to close SIRI reports without sufficient assurance.

Action: ST will bring a draft proposal for a revised process to the committee next month. The committee should receive the Quality report for assurance before it goes to Board.

ST

The 9 cases presented were agreed for closure.

Board Assurance Framework

LD was not in attendance to present the report. It was considered that the BAF should be presented to Board and not the sub-committees as it summarises corporate risks. This is to be agreed at Board.

7/2018

Other business

It was agreed that there should be a service review of the Divisions four times a year regarding Quality risks Quality achievements and their planning for the year ahead in terms of Quality delivery so that the committee can be assured.

It was proposed that each ward could attend the committee on a rotation to give a 15 minute presentation to give the committee granularity.

Action: ST will put together a workplan and agenda.

ST

Date of next Meeting

Thursday 15th February 2018 11.00 – 13.00, Room 2, Chertsey House.

DRAFT

QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTES
15th February 2018
Room 2, Chertsey House
11.00 – 13.00 hr

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|-------------------------|---------------------------------|------------------------------------------------------------------|
| CHAIR: | Professor Hilary McCallion (HM) | Non-Executive Director |
| MEMBERS PRESENT: | | |
| | Suzanne Rankin (SR) | Chief Executive |
| | Andrew Laurie (AL) | Divisional Director Medicine and Emergency Services ¹ |
| | Mr Faris Zakaria (FZ) | Divisional Director WHP |
| | Chris Ketley (CK) | Non-Executive Director |
| | Russell Wernham (RW) | Deputy Chief Nurse |
| | Marty Williams (MW) | Head of Patient Safety, Claims and Coroners |
| | James Thomas (JT) | Chief Operating Officer – Planned Care |
| | Olatokunbo Ogunbanjo (OO) | Chief Pharmacist |
| IN ATTENDANCE: | Carl Davies | Associate Director, iMSK and Trauma |
| | Mark Hinchcliffe | Programme Office Manager |
| | Fraser Brown | Pharmacist |
| SECRETARY: | Dr Erica Heppleston (EH) | Associate Director of Quality |
| | Kate Flynn (Minutes) (KF) | Risk and Incidents Co-ordinator |
| APOLOGIES: | Dr David Fluck (DF) | Medical Director |
| | Dr Melanie Irvin-Sellers | Divisional Director MES |
| | Dr Jonathan Robin (JRO) | Divisional Director MES |
| | Tom Smerdon (TS) | Chief Operating Officer – Unplanned Care |
| | Professor Mike Baxter (MB) | Non-Executive Director |
| | Terry Price (TP) | Non-Executive Director |
| | Louise McKenzie (LM) | Director of Workforce Transformation |
| | Mr John Hadley (JH) | Divisional Director, TASCC |
| | Jacqui Rees (JR) | Head of Regulation and Safety Improvement |
| | Sue Tranka (ST) | Chief Nurse |
| | Jayne Rogers | Divisional Chief Nurse, DTTO |

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| ITEM | | Action |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 15/2018 | <p>Apologies for absence</p> <p>These are noted above.</p> <p>The committee acknowledged the contribution of John Hadley, who has stood down as Divisional Director for TASCC.</p> | |
| 16/2018 | <p>Minutes of the January 2018 meeting</p> <p>The January 2018 minutes were approved to the next Trust Board meeting.</p> <p>Challenging behaviours in May and Swift ward - RW expanded on the work that is being done to address violence and aggression. This needs to be implemented Trust wide and encompass transient staff.</p> <p>Action: RW to provide the committee with an understanding and assurance of the implementation of the work being carried out.</p> | RW |
| 17/2018 | <p>Action Log</p> <p>179/2017 – ST is currently working on the timing of the Quality Report as part of the committee re-scheduling work, which should be complete by the end of the financial year.</p> | |
| 18/2018 | <p>Performance Report</p> <p>Accident and Emergency performance was below trajectory and it was noted that the Trust was in Business Continuity for the week commencing 2nd January. Additional capacity areas were opened and medical patients were placed in surgical beds. Nursing staffing has been a particular pressure.</p> <p>Annual leave provision for half term during February has been reviewed and adjusted to provide assurance on staffing levels and skill mix. Forward planning is taking place for Easter.</p> <p>Action: RW to let HM know how many shifts there are per week are Trustwide.</p> <p>There is a strategic shortfall in the supply of nurses and staff and there may be an impact on the resilience of staff. Serious harms are at such small volumes that it is difficult to capture whether there has been an impact on</p> | RW |

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| | <p>quality and patient safety. .</p> <p>Business/workforce plans need to be deliverable and sustainable and will be reviewed at performance meetings.</p> <p>The Trust was non-compliant with the RTT target over the Christmas period and into January but the cancellation on the day rate was good due to pre-planning.</p> <p>The cancer waiting times targets were marginally missed and patient choice was an influence on this.</p> | |
| <p>19/2018</p> | <p>Divisional Director Exception Reports</p> <p><u>WH&P</u></p> <p>The Post Partum Haemorrhage (PPH) audit is now complete and will be presented by the end of the month. This will be reported back to the committee.</p> <p>There are operational issues regarding staffing in Paediatrics and there have been daily discussions with the Exec team regarding this. There is a national shortage of Paediatricians and there have been discussions around restriction of service. Further discussion will take place regarding ways of future-proofing the service.</p> <p>The stillbirth external review is underway and completion is anticipated by the end of the month.</p> <p>Roll out of the Badgernet IT system has been variable in its implementation.</p> <p><u>DTTO</u></p> <p>There has been a major lean re-design of the T&O service and there has been 92% performance through the winter period. New Extended Scope Practitioner physiotherapists will shortly be starting to support the T&O team and this model will then be rolled out.</p> <p>There are plans in place to address the falls and pressure ulcers on the Orthopaedic wards. There is a high use of agency staff and different initiatives have been put in place including the use of a skills passport.</p> <p>A SIRI was declared last month relating to a cohort of unreported x-ray films. There was an immediate investigation which showed that</p> | |

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| | <p>approximately 250 paediatric and 500 adult films were unreported but most had been acted on. None reviewed so far were of major consequence. A gap has been identified in the process and the process has now been changed to prevent a recurrence.</p> <p>The reports from MES and TASC were taken as read as there was no representation from the Divisions.</p> | |
| 20/2018 | <p>Incidents SIRI Report</p> <p>13 SIRI's were reported during January. This is an increase due to the reporting of some of the stillbirths that are also under external review.</p> <p>No SIRI's were put forward for closure as it had been agreed that the committee was not the appropriate forum to agree closure. The Patient Safety Team are looking at a new SIRI framework process which will include a closure panel to review SIRI's proposed for closure prior to a summary being presented to QAPC.</p> <p>There is not a Trust stand-alone domestic violence policy however, there are workforce policies which provide support to staff when domestic violence is disclosed to them. Two separate stand-alone domestic violence policies are being discussed and agreed with the group CCG's from Surrey. There is also now a combined adult and child safeguarding meeting.</p> <p>Action: A safeguarding annual report is to come to QAPC in March to give a clear understanding about the safeguarding processes and structure.</p> | RW |
| 21/2018 | <p>Trust Risk Register</p> <p>There is one new risk regarding medication safety which replaces the previous medicines management training risk. There are also now three new risks at Divisional level in addition to the Trust risk.</p> <p>Medication harms have been reviewed and metrics are being discussed to measure improvement. Medication safety huddles have been introduced. It was agreed there should be a triumvirate approach to medication safety in the Divisions.</p> <p>Action: An update will be provided to QAPC in three months.</p> | OO |
| 22/2018 | <p>Safer Maternity Care</p> <p>Challenging national targets were set in 2016, including a reduction in the</p> | |

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| | <p>number of pre-term births. ASPH are not outliers and the Trust's focus now is to implement the Maternity Safety Improvement Plan. The Division needs a triumvirate approach to this.</p> <p>The Division is working on a subset of consultant staff who just focus on Obstetrics which will cement the medical overview. The Midwifery leadership will shortly be changing and the senior nursing structure will be reviewed as part of a wider management review. Involvement from the community services is also important to ensure identification of at risk groups and access to services.</p> <p>Nationally, the quality of investigations into stillbirths has been poor and there is a cultural shift from accepting that some stillbirths are inevitable.</p> | |
| 23/2018 | <p>Medication Safety Analysis</p> <p>23% of medication incidents recorded on Datix resulted in harm. The organisation is under recording incidents especially where there has been no harm or a near miss and there is a drive to improve reporting.</p> <p>24 incidents were reported last year with moderate or severe harm and these were looked at in more detail. There is an aim for the numbers of incidents being reported to increase, but the number of incidents with moderate/severe harm to be reduced.</p> <p>There are some specific pieces of work taking place and staff education regarding high risk drugs to include junior doctor teaching. A project group meets for a safety huddle every week to look at how learning can be shared.</p> <p>Action: An update on the project is to be provided in three months' time however, as this is a key strategic objective, more frequent updates may be useful.</p> | MH |
| 24/2018 | <p>Risk Scrutiny Exception Report</p> <p>Report was noted.</p> | |
| 25/2018 | <p>Phenytoin ED Audit Paper</p> <p>A follow up audit has been carried out in Adult ED and there were 32 patients specific control drug entries and in all 32 entries the correct number of ampules were used.</p> <p>A pro-forma was introduced to facilitate the prescribing of phenytoin and awareness is being heightened further within ED. This enables a systematic calculation of doses to be recorded. Stickers may be necessary</p> | |

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| | <p>in ED. The audit has shown that there is a gap in the use of a pro-forma and work is on-going to increase adherence to 100%. This piece of work is to be extended to Paediatric ED.</p> <p>The committee acknowledged the progress made and requested assurance around implementation of the interventions to ensure that compliance reaches 100%.</p> <p>Action: Process measures to be described and recorded which will drive compliance to 100%.</p> <p>Action: The same piece of work should be carried out in Paediatric ED.</p> | <p>ST/DF</p> <p>ST/DF</p> |
| 26/2018 | <p>Other business</p> <p>SR thanked FZ and AL for their input and clinical perspective.</p> <p>A one page paper summarising the work the Trust has done regarding Sepsis is to be presented to QAPC.</p> | <p>DF</p> |
| | <p>Date of next Meeting</p> <p>Thursday 15th March 2018 11.00 – 13.00, Room 2, Chertsey House.</p> | |