

**TRUST BOARD**  
**25 January 2018**

<b>AGENDA ITEM NUMBER</b>	14.1	
<b>TITLE OF PAPER</b>	Quality and Performance Committee Minutes – December Meeting	
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>		
Approved in Quality and Performance Committee (QPC) on 18 January 2018.		
<b>STRATEGIC OBJECTIVE(S):</b>		
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.
<b>EXECUTIVE SUMMARY</b>		
The Quality and Performance Committee Minutes are submitted for assurance.		
<b>SPECIFIC ISSUES CHECKLIST:</b> Incorporated		
<b>AUTHOR NAME/ROLE</b>	Dr Erica Heppleston, Associate Director of Quality.	
<b>PRESENTED BY</b>	Dr David Fluck, Medical Director and Mrs Sue Tranka, Chief Nurse	
<b>DATE</b>	19 January 2018	
<b>BOARD ACTION</b>	Submitted for assurance	

**QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTES**  
**21<sup>st</sup> December 2017**  
**Room 3, Chertsey House St Peter's Hospital**  
**11.00 - 12.30 hr**

<b>CHAIR:</b>	Professor Hilary McCallion (HM)	Non-Executive Director
<b>MEMBERS PRESENT:</b>		
	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
	James Thomas (JT)	Chief Operating Officer – Planned Care
	Terry Price (TP)	Non-Executive Director
	Louise McKenzie (LM)	Director of Workforce Transformation

	Andrew Laurie (AL)	Divisional Director Medicine and Emergency Services <sup>1</sup>
	Mr Faris Zakaria (FZ)	Divisional Director WHP
	Mr John Hadley (JH)	Divisional Director, TASCC
	Jacqui Rees (JR)	Head of Regulation and Safety Improvement
	Chris Ketley (CK)	Non-Executive Director
	Russell Wernham (RW)	Deputy Chief Nurse
<b>IN ATTENDANCE:</b>		
<b>SECRETARY:</b>	Dr Erica Heppleston (EH)	Associate Director of Quality
	Kate Flynn (Minutes) (KF)	Risk and Incidents Co-ordinator
<b>APOLOGIES:</b>		
	Dr Melanie Irvin-Sellers	Divisional Director MES
	Dr Jonathan Robin (JRO)	Divisional Director MES
	Suzanne Rankin (SR)	Chief Executive
	Marty Williams (MW)	Head of Patient Safety, Claims and Coroners

ITEM		Action
164/2017	<b>Apologies for absence</b>  These are noted above.	
165/2017	<b>Minutes of the November 2017 meeting</b>  The November 2017 minutes were approved subject to updating references to the next Trust Board meeting being January rather than December.	<b>Actioned</b>
166/2017	<b>Performance update</b>  Accident and Emergency performance was 1% below national levels in November and potential reasons for good national performance were considered. The impact of Norovirus during the period was noted.  Two week rule cancer performance is non-compliant reflecting capacity issues in dermatology and endoscopy. The aim is to move from 80% to	

<sup>1</sup> 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).

	100% weekday utilisation by flexing session mix and longer days.	
<b>167/2017</b>	<p><b>QEWS</b></p> <p>ITU performance was calculated without adjusting staffing to patient acuity and bed base and the urology denominator was under review as activity appeared disproportionately high.</p> <p>Review of AMU performance led to a general discussion on the approach to improvement from QEWS exception. The focus should be on immediate actions to be taken as well as longer term actions and areas where significant items needed work.</p> <p>Low Friends and Family Test (FFT) and iWantGreatCare response rates will be addressed long-term via staff awareness campaigns promoting seeking feedback. As part of this the Trust needs to determine what survey and/or other patient feedback options will be used going forward.</p>	
<b>168/2017</b>	<p><b>Divisional Director exception updates</b></p> <p>EH apologised for issuing the guidance template so close to the meeting and DDs sought greater clarification on what should be included in reports along with support from governance teams.</p> <p><b>Action:</b> ST, DF and EH to meet with DDs to progress guidance in January.</p>	<b>ST, DF EH, DDs</b>
<b>169/2017</b>	<p><b>Learning from phenytoin incidents</b></p> <p>JR updated on the Emergency Department phenytoin audit undertaken by the Medications Safety Officer (MSO). Good knowledge was demonstrated regarding dilution, filters and handling as if it was a controlled drug. Depth of knowledge about the phenytoin prescribing label, training on status epilepticus and information sources were covered. Verbal feedback covered the audit plan with training and the new high risk medications safety group.</p> <p><b>Action:</b> Review phenytoin guidance adherence over 12 months, summarise ED audit for February QPC, and identify other high risk medications in ED.</p> <p><b>Action:</b> Confirm if we liaise with the NHSI<sup>2</sup> safety improvement officer.</p>	<b>MSO  JR</b>

<sup>2</sup> NHSI – NHS Improvement

<p><b>170/2017</b></p>	<p><b>SIRI Incident Report and action tracker</b></p> <p>W44235 - It is not yet known whether the Healthcare Safety Investigation Branch (HSIB) will investigate the maternal stillbirth. FZ stated an external review of stillbirths over the past 12 months was to take place.</p> <p>Regarding the overdue actions amnesty MES and TASCC have ongoing actions and need to generate action plans by February to the Safety Team.</p> <p>HM noted good progress clearing SIRIs in the last four months and thanked the DDs for expediting this.</p> <p><b>Action:</b> Everyone to feedback to ST regarding assurance and information sought from the SIRI report so it can be refreshed.</p>	<p><b>MES and TASCC Governance</b></p> <p><b>All / ST</b></p>
<p><b>171/2017</b></p>	<p><b>Risk register</b></p> <p>The risk register was received. A refresh of this register is already planned including aligning timing alongside RSC, roles of RSC and TEC regarding agreeing the risks and required content. Information should be provided on the context of other risks and this will be progressed as part of the Well-led Review and the wider governance review. The Committee was assured that action is being taken regarding risks.</p> <p>The following actions are to be progressed:</p> <ol style="list-style-type: none"> <li>1. Training day for those who submit/write risks.</li> <li>2. Risk register refresh</li> </ol>	<p><b>Patient Safety Team</b></p>
<p><b>172/2017</b></p>	<p><b>Health and safety paper</b></p> <p>The Health and Safety Manager (SHi) presented the paper. Key points included the 90% association between assaults and patients with mental health or cognitive issues and the three-fold increase in 12 months of Swift Ward assaults. Conflict management training from the external provider Maybo is underway. Data underlying the report confirms that repeat offenders can be determined. More training is needed including dementia-specific training and a specific course for older people. HM indicated that a provider called Dynamis could be explored along with mental health Trusts.</p> <p><b>Action:</b> LM to undertake behavioural piece on appropriate behaviour when</p>	<p><b>LM</b></p>

	<p>interacting with car parking staff.</p> <p><b>Action:</b> LM to progress monthly staff safety walkabout.</p> <p>Similar training needs exist across all areas except Paediatrics and Maternity as patient cohort on general wards is broadly similar regarding mental health/cognitive issues and patient mix. Some areas have particular needs such as May Ward with alcohol detoxification and Swift Ward with complex needs; JT gave examples of some environment adaptations, however, this is not universally practicable.</p> <p><b>Action:</b> Submit future papers quarterly to TEC and to QPC by exception; including categories of 'serious assaults on staff' and 'staff on staff assaults.'</p>	<p>LM</p> <p>SHi</p>
<p>173/2017</p>	<p><b>Action log</b></p> <p><b>Action:</b> HM approved that EH re-review action log and bundle applicable actions to other areas for progression and monitoring.</p>	<p>EH</p>
<p>174/2017</p>	<p><b>Other business</b></p> <p>Part 2 papers were noted.</p> <p>ST explained that the factual accuracy feedback to the Care Quality Commission (CQC) on draft inspection findings was being progressed with anticipated publication in January. The action plan would be submitted to QPC for monitoring after submission to the CQC.</p> <p>177/2017 Safeguarding Committee minutes – a discussion was held on the degree of detail in the minutes and whether this reflected the strategic nature of the Safeguarding Committee. The timing of the meeting and minutes needs to be aligned so that they are in advance of Trust Board.</p> <p>RW raised a policy regarding domestic violence against staff is being developed and the topic is to be addressed via Occupational Health and Workforce. Future safeguarding training will cover this matter.</p> <p><b>Action:</b> 179/2017 Quality Report – HM asked for this to be tabled as draft at QPC before Trust Board.</p> <p><b>Action:</b> 179/2017 Quality Report – to include falls actions during staff absence.</p> <p>A general discussion was held on the format of Committee exception</p>	<p>RW</p> <p>ST/EH</p> <p>RW</p>

	<p>reports to QPC.</p> <p><b>Action:</b> Committee exception reports to QPC in future are to be 1 page reports with narratives.</p> <p>The Chairman thanked TP on behalf of the Committee for his service to the Committee. The Chairman expressed how sad everyone was at TP's retirement and how his experience and wisdom was greatly valued.</p>	<b>Committees reporting to QPC</b>
	<p><b>Date of next Meeting</b></p> <p>Thursday 18<sup>th</sup> January 2018 11.00 – 12.00, Room 3, PGEC, St Peters</p>	