

**TRUST BOARD
26 JANUARY 2017**

AGENDA NUMBER	ITEM	5.1
TITLE OF PAPER	Quality Performance Committee Minutes	
Confidential	YES	
Suitable for public access	NO	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
Quality Performance Committee agreed these minutes at the meeting of the 19 th January 2017		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams		
Top productivity		
EXECUTIVE SUMMARY		
<p>The draft minutes of the Quality Performance Committee meeting held on 15th December 2016 are attached for noting. The key points are:</p> <ul style="list-style-type: none"> • The deep dive into Maternity will be tabled as a written paper in March 2017. This will cover Patient Experience on Joan Booker Ward, monitoring during the second stage of labour, governance issues and medical/midwifery staffing. It will be triangulated with the Claims report • Swan Ward continues to show small improvements but the fragility of the staffing levels were highlighted • Referral To Treatment – the process of transferring to a new system has brought to light two 52 week breaches and these patients will be reviewed and a report made to Trust Board • The QEWS triangulated dashboard was reviewed and a new prototype document for reporting Quality outcomes was discussed. Comments on the prototype were requested for further development • The CQC report was noted and the dates of future inspections were discussed • Infection Prevention and Control presented a report on December's Norovirus outbreak 		
RECOMMENDATION:		
Receive and note the paper		

SPECIFIC ISSUES CHECKLIST:	
Quality and safety	
Patient impact	
Employee	
Other stakeholder	
Equality & diversity	
Finance	
Legal	
Link to Board Assurance Framework Principle Risk	The BAF is included in items submitted to QPC
AUTHOR NAME/ROLE	Russell Wernham, Associate Director of Quality/Deputy chief Nurse. Please contact for further information
PRESENTED BY DIRECTOR NAME/ROLE	Hilary McCallion, Non-Executive Director and Committee Chair
DATE	19 th January 2017
BOARD ACTION	Receive

QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTESThursday 15th December 2016

Room 2, Chertsey House St Peter's Hospital

11.00 -13.00 hrs

CHAIR:	Hilary McCallion	Non-Executive Director (Chair)
IN ATTENDANCE:		
	Suzanne Rankin (SR)	Chief Executive
	Michael Imrie (MI)	Chief of Patient Safety/Deputy Medical Director
	Louise McKenzie (LM)	Director of Workforce Transformation
	David Fluck (DF)	Medical Director
	Lorraine Knight (LK)	Interim Chief Operating Officer
	Heather Caudle (HC)	Chief Nurse
	Jacqui Rees (JR)	Acting Head of Patient Safety
	Peter Wilkinson (PW)	Divisional Director, Emergency

		Services and Acute Medicine
	John Hadley (JH)	Divisional Director, Theatres, Anaesthetics and Critical Care
	Paul Crawshaw (PC)	Divisional Director, Women's Health and Paediatrics
	Mike Baxter (MB)	Non-Executive Director
	Terry Price (TP)	Non-Executive Director
	Chris Ketley (CK)	Associate Non-Executive Director
	Rick Strang (RS)	Associate Director of Emergency Services
SECRETARY:	Russel Wernham (RW)	Deputy Chief Nurse/Associate Director of Quality
	Kate Flynn (Minutes) (KF)	Risk & Incidents Co-ordinator
APOLOGIES:		
	Andrew Laurie (AL)	Divisional Director, Diagnostics Therapeutics Trauma and Orthopaedics
	Peter Taylor (PT)	Non-Executive Director
	Erica Heppleston (EH)	Assistant Director, Regulation and Improvement

ITEM		Action
99/2016	Apologies for Absence As above.	
100/2016	Minutes of the Last Meeting Page 3 item 72/2016 should read HC/MI to provide updates.	
101/2016	Matters Arising 65/2016 Annual Claims Report. The long term strategy meeting needs to be rescheduled due to sickness. 79/2016 CQC Update External Agencies and Inspection Report. There are issues with the way ESR is able to give the Divisions accurate information and WOD are helping to try to unpick this, commencing with the urology team. This will entail going through the mandatory training matrix and decide what is appropriate. It is necessary to agree with specialty leads that the mandatory training matrix is fit for purpose. 82/2016 Trauma Delivery Group Minutes. LK will have a	LK

	<p>conversation with Mike Baxter regarding acting as non-executive director.</p> <p>5/2016 Inter Specialty Referrals. This item to be brought forward to the January meeting.</p> <p>64/2016 Care Quality Commission Regulation Action Plan. This action point to come off as this is an ongoing piece of work.</p> <p>91/2016 SIRI Incident Report. A meeting is in the diary to discuss a vertigo pathway.</p> <p>91/2016 SIRI Incident Report. A meeting is in the diary for MI and HM to discuss the number of incidents not yet closed by QAPC.</p>	<p>LK/MI</p> <p>MI/DF</p> <p>MI/HM</p>
102/2016	<p>Divisional Quality Updates</p> <p><u>Women's Health & Paediatrics</u></p> <p>The Division have agreed what will be looked into as part of the deep dive (Patient Experience on Joan Booker Ward, monitoring during the second stage of labour, governance issues and medical/midwifery staffing). An update will be provided at the next meeting. There has been an increase in complaints on Joan Booker Ward and this will be looked into as part of the deep dive. The leadership has been strong there and the ward layout has been changed. The ward team will be meeting with mothers to get their feedback.</p> <p>There has been some I Want Great Care/FFT feedback from NICU and the division is awaiting a quote for a method of electronic feedback. HC is having monthly drop in for front line teams to meet with the I Want Great Care supplier and there will be a comms feed from these meetings. The Divisions will be updated.</p> <p>The Division have moved the location of where they collect FFT data.</p>	

Medicines management training compliance has been improved.

Medicine and Emergency Services

ED is performing stronger than last year and compares well with the national picture, staying above 90%. There has been a 600 per month patient increase since last year. There have been several improvement programmes and the Trust will continue to strive for 95%. A piece of work has been started looking at issues relating to resilience when the hospital is crowded and what effect this has. There is information that early readmission rates may have increased. There have been issues with packages of care not being provided, especially out of hours and there may be a lower threshold for bringing patients back in.

The capacity identified in the system to cope with Christmas has already been used and elective surgery has been reduced. Christmas falls at the weekend so there will be challenges during the following week. A decision will need to be made about how we escalate any concerns and the regulators also need to be made aware if we have any concerns. An update will be given at the Extraordinary Board meeting next week. Outside agencies are not describing any increased resilience over Christmas and there will be challenges discharging patients over the Christmas period. Conversations with providers need to be recorded.

There has been an outbreak of Norovirus in the Trust which has impacted our capacity and the strains are being reviewed to ensure they are contained in the best possible way. C Diff rates have increased and there is no commonality of the strains. We need to do a deep dive into anti microbial stewardship to assess the risk of healthcare associated infections. There has been one fatality due to Novovirus and this is being reviewed.

There are medical outliers on the surgical wards, Chaucer Annexe and the Divisions working to ensure these patients are reviewed.

	<p><u>Trauma & Orthopaedics</u></p> <p>A T&O board has been established and new specialty leads have been appointed. A Consultant from an outside Trust had been appointed as the upper limb specialty lead but no longer wants the role and this needs to be reviewed.</p> <p>Consultant of the week is working well and everyone has been engaged.</p> <p>Performance against the new T&O contract is progressing and is on target.</p> <p>Central Surrey Health have indicated that they have capacity with Extended Scope Practitioners (physiotherapists) and this is to be explored.</p> <p><u>Theatres Anaesthetic and Critical Care</u></p> <p>There is now a vacancy for the Associate Director of Operations in the division and there a few potential options to explore.</p> <p>The vascular board has been formed and will be looking at job plans for vascular surgeons. The main issue is the lack of catchment and this is being explored.</p> <p>A paper is being put together to restructure job plans in Anaesthetics and Critical Care.</p>	
103/2016	<p>Performance Review</p> <p>All performance standards have been met apart from ED however, we are 30th out of 138 Trusts nationally.</p> <p>Referral To Treatment – the process of transferring to a new system has brought to light two 52 week breaches and these patients will be reviewed.</p>	

104/2016	<p>SIRI Incident Report including Action Tracker for Quality and Safety Plans</p> <p>The report was noted and 14 SIRI's were agreed for closure.</p>	
105/2016	<p>Trust Risk Register</p> <p>The Trust Risk Register is as presented to TEC last week and all changes were approved at TEC.</p> <p>1368 – This risk is to be reworked and updated.</p> <p>1451 – The ICE system will be rolled out early next year at very little cost.</p> <p>1498 – Mandatory training scores are still quite low. The QMN&M Division score is low and the issue of eligibility is currently being ironed out.</p>	
106/2016	<p>QEWS Triangulated Dashboard</p> <p>Structural changes have been made to the dashboard.</p> <p>There is only one ward at level one. Swan has improved to level 2 however, the ward manager is now leaving. The new ADN will be supporting all nurses and the Clinical Nurse Leader will be able to offer support. The work on Swan can be feedback in January.</p> <p>The FFT/I Want Great Care official launch will take place on Monday and all doctors and nurses are now loaded onto the system. Therapists will be next to be loaded. A steering group takes place with Clinical Nurse Leaders and Ward Managers to see how they can utilise the systems in their areas. Pop up meetings will also be taking place to invigorate the uptake. The use of wall mounted tablets is being explored in areas such as outpatients and A&E. The Divisional Chief Nurses are aware of the areas that need improvement and will focus on these.</p> <p>Endoscopy and urology centre FFT figures are disappointing as these are elective areas. PALS are involved in collecting feedback. Response cards will soon be scanned, rather than posted back to improve efficiency.</p>	

	<p>Patient engagement plan needs to be clarified in conjunction with our partners. The provider needs to supply what was promised and we need to know we are doing everything possible to increase feedback figures. CK and HC to meet to discuss.</p> <p>Safer staffing levels – The ADN for medicine has provided assurance that the risk is being minimised regarding how the division is managing the environment. This time last year there was a requirement for 5 wte HCA's to provide 1:1 care and there is now currently a requirement for 19 wte HCA's to give 1:1 care. Assurance has been given that the wards remain safe.</p> <p>Pressure care is a concern and there is a trajectory limit of 18.2 per month. During November there were 26 pressure ulcers. ITU is looking at types of ties on the endotracheal tubes which are creating mouth and bridge of nose sores.</p> <p>The percentage of green safer staffing levels shows the percentage of shifts that are optimal and does not necessarily denote an unsafe level of staffing.</p> <p>There are ongoing issues with psychiatric liaison and there is an ongoing issue with patients needing beds at Surrey and Borders Partnership (SABP) when they are medically fit for discharge. There was one case that recently breached in ED for 24 hours due to a lack of beds at SABP. This has a reputational risk for the Trust. SABP are in the process of appointing a Chief Operating Officer which may provide help with escalation. It may be helpful to have an overview of the inter agency relationship for this vulnerable group of patients with complex revolving door admissions. SR is currently in liaison with the Chief Executive of SABP.</p> <p>The CQC 6 monthly domains in clinical practice audit was done in November and remains largely the same. However, Cedar Ward was rated red in terms of overall performance and this is a significant change. The ward will be given support. Hand hygiene outcome data – there were two elements of non-submission. This is reflecting some of the work that was done in</p>	<p>CK/HC</p>
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	2012 and is out of date. There will be a creation of new metrics and tools as a result of the refreshed national strategy.	
107/2016	<p>CQC Update</p> <p>Report noted. Section 1.3 - EH would like to lead the development of a pilot model to provide assurance on segment level. This was recommended for approval.</p> <p>Assurance was given that the key findings of the CQC Learning Candour and Accountability Duty of Candour report have been disseminated widely.</p>	
108/2016	<p>Quality Governance Exception Report</p> <p>Report noted.</p>	
109/2016	<p>Patient Experience Monitoring Group</p> <p>This was discussed at the board of governors. Report noted.</p>	
110/2016	<p>Norovirus Report</p> <p>The report looks at the 8 wards that were affected earlier in the year. The outbreaks were managed appropriately however there are some actions that can be taken to minimise future risk. Timely laboratory testing, in particular at weekends, was an issue. ASPH will be a pilot site for PCR testing which will provide more timely results. A stronger message will be sent out regarding improved lockdown of wards. Few bays have doors which makes it difficult to contain outbreaks but the use of doors needs to be balanced with practical elements of flow. QAPC recommends that the use of doors on bays should be seriously considered in the interests of patient safety.</p> <p>It is recommended that having a decant ward would give the Trust the opportunity to do a deep clean of wards.</p> <p>It is recommended that TEC should consider the recommendations of the report.</p>	

	An update to be provided for the next meeting.	
111/2016	<p>Mortality Reviews</p> <p>A report was not submitted because the figures obtained did not match the figures submitted to Board and this raised concerns about the accuracy of the data. The Royal College of Physicians have been commissioned by NHS England to produce a system by which deaths should be reviewed to extract the learning. This will be a substantial piece of work and will entail clinicians taking approximately one hour to carry out a notes review initially. The system relies on trained individuals reviewing notes and a screening process as to which deaths are reviewed. A few sites will be early adopters and the Trust is currently considering whether we should apply to be an early adopter. MI is reviewing the documents and is doing a gap analysis. This topic will come to the next meeting for further discussion. The paper also recommends that all organisations should have a non-exec director who sponsors mortality reviews. HC to discuss with AM.</p>	<p>MI</p> <p>HC</p>
112/2016	<p>Trauma Delivery Group Minutes</p> <p>The report was noted.</p>	
113/2016	Any Other Business – None	
	<p>Date of next meeting:</p> <p>19th January 2016. 11.00 – 13.00 Room 3, Chertsey House</p>	