

TRUST BOARD
26 May 2016

AGENDA ITEM NUMBER	6.1	
TITLE OF PAPER	Quality and Performance Committee Minutes of Meeting 21 April 2016	
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.		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	<input checked="" type="checkbox"/>	
Excellent experience	<input checked="" type="checkbox"/>	
Skilled & motivated teams	<input checked="" type="checkbox"/>	
Top productivity	<input checked="" type="checkbox"/>	
EXECUTIVE SUMMARY	The minutes are submitted for noting.	
RECOMMENDATION:	For noting	
<u>SPECIFIC ISSUES CHECKLIST:</u>		
Quality and safety	Included.	
Patient impact	Included.	
Employee	Included.	
Other stakeholder	Included.	
Equality & diversity	Included.	
Finance	Included.	
Legal	Included.	
Link to Board Assurance Framework Principle Risk	The BAF is included in items submitted to QAPC.	
AUTHOR NAME/ROLE	Dr Erica Heppleston, Assistant Director Regulation and Improvement on behalf of the Committee Chairman.	
PRESENTED BY DIRECTOR NAME/ROLE	Dr David Fluck, Medical Director and Mrs Heather Caudle, Chief Nurse	
DATE	20 May 2016	
BOARD ACTION	Noting	

QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTES
Thursday 21st April 2016
Room 2, Chertsey House, St Peter's Hospital
11.00 - 13.00 hrs

CHAIR:	Professor Philip Beesley (PB)	Non-Executive Director (Chair)
IN ATTENDANCE:		
	Suzanne Rankin (SR)	Chief Executive
	Dr Michael Imrie (MI)	Chief of Patient Safety/Deputy Medical Director
	Dr Erica Heppleston (EH)	Assistant Director, Regulation and Improvement
	Heather Caudle (HC)	Chief Nurse
	Russel Wernham (RW)	Deputy Chief Nurse/Associate Director of Quality
	Aileen McLeish (AL)	Chairman
	Louise McKenzie (LM)	Director of Workforce Transformation
	Terry Price (TP)	Non-Executive Director
	Dr Paul Crawshaw (PC)	Divisional Director, Women's Health & Paediatrics
	Dr Peter Wilkinson (PW)	Divisional Director, Emergency Services & Acute Medicine
	Rick Strang (RS)	Associate Director of Operations, Emergency Care
	Tom Smerdon (TS)	Associate Director of Operations
	Claire O'Brien (COB)	Head of Emergency Planning & Resilience
	Dr Andrew Laurie (AL)	Divisional Director, Diagnostics, Therapeutics, Trauma & Orthopaedics
	Lorraine Knight (LK)	Interim Chief Operating Officer
SECRETARY:		
	Kate Flynn (Minutes) (KF)	Risk & Incidents Co-ordinator
APOLOGIES:		
	Dr David Fluck (DF)	Medical Director
	Mr John Hadley (JH)	Divisional Director (TASSC)

ITEM		Action
2/2016	<p>Minutes of the Last Meeting</p> <p>The minutes of the meeting were agreed as an accurate record.</p>	
3/2016	<p>Matters Arising</p> <p>405/2016 QEWS Triangulated Dashboard – SR not present to update at start of meeting.</p> <p>424/2016 QEWS Triangulated Dashboard – This was discussed at SNMLC. A 6 monthly acuity and dependency paper will be submitted directly to Board via the Chief Nurse. The paper is awaiting correct figures for paediatric staffing data.</p> <p>407/2016 Mortality Reviews – The report was presented. MI advised there is an ongoing review of the mortality review process. The Deputy Divisional Director has been tasked with improving the process within Emergency Services & Acute Medicine.</p> <p>412/2016 DIPC 6 month report – PB has flagged this issue to DF.</p> <p>Attendance of Divisional Directors – PB has raised this with DF. DF to have a conversation with the DD's on how to make the best use of their time at QPC.</p> <p>Retention of Junior Doctors – The issue of agency cap and national contract has been highlighted to WOD – Workforce will continue to try to engage Junior Doctors.</p> <p>431/2016 Cancer Pathway SIRI's – A round table discussion to be held at the next Cancer Board meeting on 11 May to gain consensus from clinicians for the next step. AM to make the Board aware.</p> <p>432/2016 - the process of ordering the record storage trolleys revealed a number of inefficiencies in the procurement process. This has been referred to the finance department for learning issues.</p> <p>434/2016 Falcon Ward concerns – To be discussed with the QEWS</p>	<p>DF</p> <p>AM</p>

	<p>Dashboard.</p> <p>434/2016 Increase in use of agency staff – Rosters are scrutinised weekly with the DCN's in attendance. Assurance has been strengthened – action complete.</p> <p>439/2016 Midwifery staff not performing tasks they perceive to be nursing interventions – verbal discussions have taken place but this has not yet been placed on the risk register. HC to arrange.</p> <p>288/2015 Standardisation of theatre procedures. PB to follow up with DF.</p>	<p>HC</p> <p>PB</p>
<p>4/2016</p>	<p>Performance report</p> <p>The RTT 18 week target was met however, some specialties have been non-compliant for March and are expected to be non-compliant for April due to the strike action and cancellation of elective surgery due to A&E pressures. The 62 day cancer target was met in March but the Trust was non-compliant for the quarter overall by a small number of patients.</p> <p>Trust performance has deteriorated but the relative performance in relation to the increasing number of patients has improved. The volume of patients is causing deterioration in performance but there is an improving picture and some of the new changes are beginning to take effect. There continue to be difficulties in recruiting consultants but there has been increasing engagement with clinicians within the wider organisation with the ED pressures. The target is to achieve 95% by October.</p> <p>LK to put together a basket of meaningful measures which will indicate how well the Trust is doing against the major interventions to improve ED performance against the 4h target and the recovery trajectory.</p> <p>Paediatric A&E is still under pressure and there is a variation in day to day numbers.</p> <p>Cancer surgery performance was under 50% for March. However,</p>	<p>LK</p>

	<p>these are very small numbers of patients.</p> <p>Thanks were recorded to Bob Peet for his excellent work in managing Performance and his presentations to the Committee.</p>	
5/2016	<p>Divisional Quality Updates</p> <p><u>Women's Health & Paediatrics</u></p> <p>PC advised that the notice of prevention of future deaths regarding the maternal death had not yet been received from the Coroner. This has been followed up regularly.</p> <p>The national maternity review was released in February, but the Trust has not yet benchmarked itself against this. A report will be presented to the next meeting.</p> <p>There is an issue regarding inter-specialty referrals and the correct level of referral/review. There needs to be a robust process in place. Referral processes Trustwide vary and the cultural aspect also needs to be addressed. Work is ongoing regarding this via the Philosophy of Care project headed by DF. A verbal progress update on this project is to be provided for the next meeting.</p> <p><u>Histology</u></p> <p>Histology is an emerging problem in terms of capacity, recruitment of staff and increasingly tight timelines. A discussion will take place at TEC regarding streamlining the recruitment process. Pharmacy is experiencing some issues which are impacting on quality and performance. The Interim Chief Pharmacist is addressing these issues and is confident the position will be rectified. This risk is to be placed on the Divisional Risk Register.</p> <p>AL advised that the geography of where a test is carried out does not affect the timing of the results returning. However, this is regularly monitored and reported.</p>	<p>HC</p> <p>DF/HC</p> <p>AL</p>

7/2016	<p>Risk Register – Overview Report</p> <p>The Trust Risk Register has been to Board. There is now a good process for adding risks to the Trust Risk Register and to ensure it is reviewed and refreshed.</p> <p>Risk 1488 regarding the risk of not being able to recruit or retain non-EU overseas nurses suggested for downgrading was re-escalated at TEC. The risk needs to be redefined.</p> <p>Additional issues discussed at TEC will be added to the Trust Risk Register.</p>	
8/2016	<p>Care Quality Commission Regulation of Acute Trusts</p> <p>The CQC will be asking all acute trusts for information about mortality review processes. This will be linking into the mortality review work which is ongoing.</p> <p>A verbal update was given on the auditing of the Quality Accounts. The Trust is in the process of validating the audit positions and we will note the outcomes. If there are issues which affect quality and safety the organisation will follow up on these appropriately and produce a measured response.</p>	
9/2016	<p>QEWS Triangulated Dashboard</p> <p>Heron Ward has maintained its QEWS level and its Best Care level is 2. No issues were raised at patient panel around Heron Ward.</p> <p>There is a mitigation process in place to deal with staffing levels on the surgical wards however, the impact of an amber level of staffing is greater on Heron due to the configuration of the ward.</p> <p>Falcon Ward is at a level 2 Best Care and the QEWS level has not been reduced. There are no significant concerns.</p> <p>Swan Ward is down at level 0. They do not have the bandwidth to deal with unplanned sickness and they currently have staff on maternity leave. The ward also regularly has a high level of outliers. HC has spoken with the Clinical Nurse Leader and the Divisional Chief Nurse/Director of Operations and are in the process of developing a plan for the ward. The level of senior nursing support</p>	

	<p>is being reviewed and a consistent upward trajectory in QEWS performance is now needed. There is no consistent consultant presence on the ward and concerns over fragmented pathway of care. There has been a persistent problem on Swan Ward and there will be a deep dive review in order to formulate an improvement plan. HC to provide an update to include details of progress on the risk summit action plan.</p> <p>May Ward has been experiencing issues with quality and safety. The ward is a focus for patients with both mental and physical health issues. HC will review with LF and PW to explore whether a risk summit would be appropriate and the ward's performance will be kept under review</p> <p>The Friends and Family Test shows a high number of red scores and HC will explore the reasons for this.</p>	<p>HC</p> <p>HC</p> <p>HC</p>
10/2016	<p>Part Two: Assurance process for Junior Doctors industrial action</p> <p>There is a greater risk due to withdrawal of emergency care. Assurance was provided that the Trust has comprehensive and robust plans in place to cover all critical areas. In the event of an emergency or major incident communications will be cascaded to Junior Doctors. There is a risk around the cancellation of outpatient appointments during the strike and additional clinics are taking place out of hours to provide additional capacity. LK to submit a report to the next meeting for assurance regarding this.</p> <p>EH will submit a report to the CQC for assurance.</p> <p>HC to report in due course on the impact of the Junior Doctor strikes on patient safety.</p>	<p>LK</p> <p>HC</p>
11/2016	<p>Annual Report for Trust Board</p> <p>Submission of the report was delayed and QPC agreed this could be signed off by Chair's action but included with next month's QPC papers.</p>	

12/2016	<p>Board Assurance Framework</p> <p>The Executive leads have updated their risks and one risk has been added regarding the merger. The updated BAF will go to Board next week.</p> <p>The business plan for 16/17 has now been agreed at Board and an in depth review of the BAF will be carried out at the Executives' away day.</p>	
13/2016	<p>Quality Governance Exception Report</p> <p>Report was noted.</p>	
	<p>Any Other Business</p> <p>None.</p>	
	<p>Date of next meeting: 19th May 2016, Room 1, Chertsey House</p> <p>11.00-13:00.</p>	