

TRUST BOARD
28th January 2016

Agenda item number		
Title of paper	Quality Performance Committee (Formerly IGAC) Minutes	
Confidential		
Suitable for public access	x	
Papers which this particular paper relates to?	Not Applicable	
<u>Strategic objective(s):</u>		
Best outcomes	X	Review and critique of governance performance
Excellent experience	X	Promoting patient experience through quality performance
Skilled & motivated teams		
Top productivity		
<u>ASPH value(s):</u>		
Patients first	X	Patient safety and learning
Personal responsibility	X	Assurance in learning through governance
Passion for excellence		
Pride in our team		
Executive summary	Quality and Performance Committee minutes for review and noting	
Recommendation:	Noting	
<u>Specific issues checklist:</u>		
Quality and safety issues	X	Governance providing assurance
Patient impact issues?	X	Ensuring reflection and learning

Employee issues?	X	Support staff through governance
Other stakeholder issues?		
Equality & diversity issues?		
Finance issues?		
Legal issues?	X	Reviewing claims data
Risk issues? Link to relevant BAF item number if so		
Author name/role	Jacqui Rees, Acting Head of Patient safety	
Presented by director name/role	Philip Beesley, Non-Executive-Director	
Date	22 January 2016	
Board action	Noting	

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES

Thursday 19th November 2015

Room 3, Chertsey House, St Peter's Hospital

11.00 -13.00 hrs

CHAIR:	Professor Philip Beesley (PB)	Non-Executive Director (Chair)
IN ATTENDANCE:	Terry Price (TP) Heather Caudle (HC) Russell Wernham (RW) Dr David Fluck (DF) Dr Michael Imrie (MI) Louise McKenzie (LM) Erica Heppleston (EH) Bob Peet Liz Davies (LD)	Non-Executive Director Chief Nurse Associate Director of Quality Medical Director Chief of Patient Safety/Deputy Medical Director Director of Workforce Transformation Corporate Quality Lead Chief Operating Officer (part of meeting) Acting Company Secretary
SECRETARY:	Jacqui Rees (minutes)	Acting Head of Patient Safety
APOLOGIES:	Simon Marshall (SM) Suzanne Rankin (SR) Ayleen McLeish	Director of Finance & Information Chief Executive Chairman of Trust Board

ITEM		Action
384/2015	Minutes of the Last Meeting The minutes of the meeting were agreed as an accurate record.	

<p>385/2015</p>	<p>Matters Arising</p> <p>The Chair formally welcomes Russell Wernham our new Deputy Chief Nurse.</p> <p>288/2015 Standardisation of theatre procedures: Defer to next meeting.</p> <p>307/2015 NRLS reporting: The publication of the latest NRLS report received late September has shown an increase in the number of patient safety reports from ASPH. Further improvement is required on understanding how NRLS classify patient safety incidents and correctly uploading these. The Datix administrator is currently on long term leave. The safety team are managing the basic system administration requirements but more in depth expertise will be required. A resilience plan is required for ongoing administration of Datix.</p> <p>342/2015 Policy for external visitors – Policy complete and awaiting ratification.</p> <p>331/2015 Speciality Dashboard: RW to feedback on the best course of action to enable inclusion of medical care delivery against speciality pathway lines in QEWS dashboard. Link with the Medical Director to agree Metrics.</p> <p>366/2015 CHKS masterclass: Mortality reviews were considered and how to make these reviews a useful and complete process. RW to take this forward.</p> <p>All other matters arising are on the agenda.</p>	<p>RW/MI</p> <p>RW/DF</p> <p>RW</p>
<p>386/2015</p>	<p>Changes to IGAC to Quality and Performance Committee</p> <p>Chief Operational Officer to give a monthly update on current issues of performance and quality affecting the Trust.</p> <p>Acute Care Pathway – Under review by Monitor around A&E. IGAC recognises meeting 95% Monitor trajectory due by end December is a</p>	

	<p>risk as the Trust has been behind trajectory for the last 2 months. There is a risk of intervention if not 95% for month of December. A number of pathway improvements are underway focussing on flow and capacity management. There is an improving trajectory noted for November.</p> <p>Junior doctor strike – Three days in December anticipated. Contingency planning is underway – e.g. Consultant support, risk to safety is first priority. This will be mitigated with other clinical expertise / specialty based crossover being planned. There will be impact on elective care through cancellations and potential for delay in treatment with associated harm and risk wider that A & E such as wait times and patient experience also affected. Overall plans are well developed, the risks are significant wider that A & E.</p> <p>Wider winter resilience planning – Plans are underway to reduce elective activity, up to 25 extra Ashford beds with medical care (change in use of some elective beds), rotas under review in relation to 7 day senior review. A number of measures to manage this are in place but this remains a significant risk. System dependency is key but yet to be confirmed.</p> <p>Performance paper to come to IGAC to include a short summary on impacts on quality in executive summary. BO and RW to liaise and bring trail paper to next meeting</p>	<p>BP/RW</p>
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386/2015	<p>Terms of Reference for Quality and Performance Committee (QPC)</p> <p>Some additions required;</p> <p>Purpose: Governance and Risk Management Process achieves patient Safety as a more general statement.</p> <p>Regulatory Safeguards to CQC standards: EH and RW to state this for the TOR.</p> <p>Revised TOR to December Quality and Performance Committee.</p> <p>The format of the Trust Board Papers to be adopted for the Quality & Performance Committee.</p> <p>RW propose new meeting structure. All other specialist committees to move into the Divisions.</p> <p>Divisional Directors to attend with Divisional Exception Report.</p> <p>Level of CENARG to be the same as Performance and Risk Scrutiny to increase the profile of audit and best Practice implementation.</p> <p>DD's to chair their own local quality Governance Committee on the 4th February in lieu of the Trust restructuring this meeting.</p> <p>TOR to be submitted to TEC and Trust Board for approval in December</p>	EH/RW
356/2015	<p>Incidents SIRI Report</p> <p>Key points.</p> <p>W23468 Treatment delay to be downgraded from SIRI in consultation with the CCG. On further investigation the patient elected not to proceed with treatment and therefore follow up was not missed.</p> <p>Backlog of outstanding SIRIs, the patient safety team is slightly behind trajectory leaving 15 overdue. The CCG have acknowledged this progress.</p> <p>There are seven cases to consider for closure by IGAC. The Chief of</p>	

	<p>Patient Safety recommended closure of all cases. All Closed.</p> <p>Actions are tracked on Datix in the Divisions.</p> <p>A bullet point summary of the process for closing off actions and completion of the tests of effectiveness by Divisions to be supplied to IGAC next month.</p> <p>IGAC acknowledged that the AMES Division has a large governance workload. IGAC agreed to Invite the Divisional Team to attend IGAC in order to reflect on the challenges around the governance within the Division, What is going well? What they need support with? Action: DF to speak with the Divisional Director. MW to meet with the team.</p> <p>The Chief Nurse and the Chief of Patient Safety fed back on progress with the Corporate Action Plan for the Urology Service as discussed at TEC. The risk profile has not changed and the decision not to conduct a further review remains but will be revisited in light of any new risk identified. Action: realistic dates to be added to the action plan that reflect the requirement for IT solutions for cancer tracking in the long term.</p> <p>Code 5: The Chief of Patient Safety highlighted there is an ability to close down a Code 5 without completing the action. DF highlighted this is the same for all types of tests not just in radiology. The Chief of Patient Safety suggested a digital ‘ordercomms’ system would solve the issue in terms of laboratory, pathology/histopatholgy testing. IGAC agrees there is a risk around these issues but accepts that current processes are as robust as we can make them. In the meantime work will be progressed towards an electronic ‘ordercomms’ system and as soon as this is in place the risk will be mitigated. Action: In the meantime the CEO will ask the Director of Finance to check the SLA with SPS to ensure all risk mitigations are in place.</p>	<p>MI</p> <p>DF/MW</p> <p>HC/MI</p> <p>SR/SM</p>
<p>357/2015</p>	<p>Trust Risk Register Overview</p> <p>The report as presently defined does not fully capture the Trust Risks. This was discussed at the executives meeting. Action: The</p>	<p>HC</p>

<p>358/2015</p>	<p>Board Risk Masterclass to be arranged by the Chief Nurse for October 2015 which will result in a refresh of the risk management strategy and ultimately changes to the way the Trust Risk Register is populated.</p> <p>Action Trackers of all Quality and Safety Plans</p> <p>Report accepted.</p>	
<p>359/2015</p>	<p>CQC Action Plan</p> <p>Divisional engagement in CQC action plan update requires improvement. The Chief Nurse met with WHPAEDs and their attendance at meetings has been addressed. Progress to be reported to TEC.</p>	<p>EH</p>
<p>360/2015</p>	<p>QEWS Triangulated Dashboard</p> <p>The Chief Nurse met with Workforce & OD in relation to the workforce indicators and adjusted the indicators to bring them in line with the RAYG rating of other indicators. A new column has been added to ensure ward vacancies have been verified by the manager which will ensure consistency. The agency indicator will be changed to reflect the agency cap once approved by Monitor. The appraisal metric has yet to be changed. This will be reflected next month.</p> <p>No ward was rated Green this month.</p> <p>Swan Ward: Level 0, the Chief Nurse advised, new leadership is now in place and there have been some positive engagement and actions taken to improve the situation, they have a higher than normal agency usage which is contributing to the PALs and Complaints score for the area. The Bestcare Audit for Swan is currently scoring 1 with staffing showing a reduction in Red indicators.</p> <p>IGAC has ongoing concerns about the improvement trajectory seen to date. Action: The Chief Nurse to review the situation on Swan for further possible solutions.</p>	<p>HC</p>

	<p>The Risk Summit about staffing on the surgical floor including Kingfisher, Falcon and Swan resulted in a decision to reduce Kingfisher by six beds and treat these beds as escalation beds staffed by nurses offered up by other wards. The CEO advised of the need to discuss with the Executive Directors and Trust Board a different approach to this situation. IGAC requires more assurance.</p> <p>Action: The Chief Nurse to discuss with the Executive team what further intervention is required to resolve staffing and capacity issues in surgery. The Board should be briefed of any strategic decisions to be made in October 2015 and report back to IGAC next meeting.</p> <p>The response rate in Friends & Family was noted to be poor in WHPAEDS and requires follow up along with other areas where submission of FFT has been poor.</p> <p>Paediatrics: The Chief Nurse suggested there should be a Paediatric Risk Summit, hand hygiene non submission and FFT returns to be raised. Action: Chief Nurse to arrange summit.</p>	<p>HC</p> <p>HC</p> <p>HC</p>
<p>361/2015 362/2015</p>	<p>Improvements to Quality and Governance Processes</p> <p>Committee Structure</p> <p>The Chair advised a number of issues have been considered and will be presented to Board for agreement.</p> <ol style="list-style-type: none"> 1. How performance is managed in the Trust? The suggestion to the next Board meeting will be, going forward finance aspects of any performance issues in the Trust are reported to the Finance Committee and the quality aspects are reported and considered by IGAC. The committee will be renamed Quality and Performance Committee. Action: The ADQ to revise the TOR accordingly for Board scrutiny. 2. Membership of the committee will be revised. The Director of Operations will be included to enhance committee understanding of the quality impact of Trust Performance. Divisional Directors to be invited. The committee structure will also require revision. Action: The Chief executive and the 	<p>MW</p> <p>HC/SR</p>

	<p>Chief Nurse to devise interim structure in light of the impending merger with RSCH.</p> <p>Action: The ADQ to arrange an IGAC development meeting following Board approval to agree key responsibilities and duties of the new committees.</p>	MW
366/2015	<p>Mortality Reviews</p> <p>DTTO have not maintained 100%. To be discussed with Medicine when they present at IGAC.</p> <p>Action: Discuss with teams at performance meetings.</p>	MI
367/2015	<p>Patient experience Monitoring Group Exception Report</p> <p>Noted. SIRIs reported via complaints. Work is underway to address this. No answer by Trust when patients ringing in. Feedback to SC from PB.</p>	
352/2015	<p>Any Other Business</p> <p>None</p>	
	<p>Date of next meeting: 22nd October September, Room 3, Chertsey House 11.00-13:00.</p>	