

TRUST BOARD
30 June 2016

AGENDA NUMBER	ITEM	5.1
TITLE OF PAPER	Quality and Performance Committee Minutes of Meeting 19 May 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 16 June 2016		
<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	
SPECIFIC ISSUES CHECKLIST:		
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 Happleston, 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	23 June 2016
BOARD ACTION	Noting

QUALITY AND PERFORMANCE COMMITTEE (QPC) MINUTES
Thursday 19th May 2016
Room 2, Chertsey House, St Peter's Hospital
11.30 -13.00 hrs

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

ITEM		Action
15/2016	Matters Arising As above.	
16/2016	Minutes of the Last Meeting The minutes of the meeting were agreed as an accurate record. There is a typing error on page 7 "The Friends and Family Test shows a high number of red scores and HC will the reasons for this."	

	This is to be clarified.	
17/2016	<p>Matters Arising</p> <p>The recruitment and retention of doctors is an issue and this is being actively reviewed by Workforce and Organisational Development.</p> <p>405/2016 QEWS Triangulated Dashboard – Action complete.</p> <p>412/2016 DIPC 6 month report – There is a need to separate clean and dirty vascular cases. LK to report back.</p> <p>Attendance of Divisional Directors – Action complete.</p> <p>432/2016 Lack of Efficiency in Buying Process – Action complete.</p> <p>439/2016 Midwifery staff not performing tasks they perceive to be nursing interventions – HC/RW to report back.</p> <p>4/2016 Performance report – LK to bring abridged version of report taken to Finance and Performance to next meeting.</p> <p>5/2016 National maternity review – HC to present report to the next meeting.</p> <p>5/2016 Inter specialty referrals – This is a work in progress. To report back to next meeting.</p> <p>5/2016 Pharmacy risk – Action complete.</p> <p>5/2016 Wrong patients are continuing to be sent for imaging – To report back to next meeting.</p> <p>6/2016 Falls and pressure ulcers action plan – This is currently being formulated. To report back to next meeting.</p> <p>6/2016 SIRIs overdue for closure – On the agenda for discussion.</p> <p>9/2016 May Ward issues with quality and safety – On the agenda for discussion.</p> <p>9/2016 Friends and Family test – Action complete.</p> <p>10/2016 Outpatient cancellations resulting from Junior Doctors strike</p>	<p>LK</p> <p>HC/RW</p> <p>LK</p> <p>HC</p> <p>DF/PC</p> <p>SR</p> <p>RW</p>

	<p>– This is being tracked through the performance committees and Divisions are taking appropriate actions. Action complete.</p>	
18/2016	<p>Divisional Quality Updates</p> <p><u>Women’s Health & Paediatrics</u></p> <p>There is an issue with Behavioural Paediatrics with several doctors reducing their clinic capacity but it is too early to say what impact this will have on wait times. Paediatrics will feature in STP planning.</p> <p>The Coroners output on the maternal death case has not yet been received.</p> <p><u>Emergency Services & Acute Medicine</u></p> <p>The Trust has achieved improved performance recently at over 95% for several days and the appointment of Deputy Divisional Directors has been helpful. An experienced Deputy Associate Director of Operations for the Division has started and a new Business Partner is in post.</p> <p>There are now more experienced nurses on the wards and the next piece of work will be targeted at decision making regarding flow being made at a lower level.</p> <p>The Division is looking at the junior doctors’ rota to ensure a more even spread of cover on the wards.</p> <p>ED performance is currently ahead of this point last year and the year before. The Acting Associate Director of Operations, Emergency Care will be in post until October and succession planning will be of utmost importance to sustain the improvements made.</p>	
19/2016	<p>QEWS Triangulated Dashboard</p> <p>Friends and Family Test submissions have shown a slight improvement on last month but still remains a challenge. There will</p>	

	<p>be a refreshed I Want Great Care programme. Column 2 is incorrect, the current month is April.</p> <p>Privacy and dignity was an area that struggled, in particular in ED.</p> <p>There are fewer wards at level 0 and May Ward is back up to level 2.</p> <p>A risk summit will be held regarding May Ward which will be helpful.</p> <p>There were fewer deaths across all Divisions.</p> <p>A risk summit has taken place for Swan Ward and there is one major action outstanding to give the ward the space to declutter. Staffing remains the biggest challenge with the Clinical Nurse Leader working clinically much of the time.</p> <p>The senior nursing structure is under review in DTTO as well as the other Divisions and the Ward Managers leadership programme will be starting in June.</p> <p>ED may also benefit from a risk summit, as there was a QEWS score of 0.</p> <p>There are new nursing staff in the pipeline and the positive impact of this will be felt shortly.</p>	
20/2016	<p>Risk Register – Overview report</p> <p>There are currently 7 risks on the Trust Risk Register.</p> <p>Risk 1317 was not ratified at TEC to be downgraded.</p> <p>It was acknowledged at TEC there are a number of challenging financial risks which will be worked up.</p>	
21/2016	<p>SIRI Incident Report</p> <p>The cancer board felt that there should be a review with external input into processes around follow up of cancer pathways. Terms of reference are to be worked up for this piece of work.</p> <p>W29047 – Duty of Candour was not carried out due to ongoing discussion as to whether it is a SIRI. MI is seeking assurance</p>	

	<p>around the management of the patient and this issue is to be picked up at performance review.</p> <p>There has been a SIRI involving a self harm attempt by a child. There appears to have been learning from a previous similar SIRI and the nursing care in this case was appropriate.</p> <p>All cases proposed for closure were approved for closure.</p> <p>There has been a SIRI recently reported of a prescribing error in ED in relation to phenytoin. It appears that an overdose may have caused the death of a patient and an investigation has been commenced. There is an urgent need to inform the family of the investigation.</p> <p>SIRI's overdue for closure are to be discussed and taken forward at performance committees. Medicine and Emergency Services are to review with nursing and clinical leads how their actions can be progressed and closed – PW to take this forward.</p>	PW
22/2016	<p>Care Quality Commission Regulation of Acute Trusts</p> <p>Progress is being made on records storage. The trollies have been delivered.</p>	
22.1/2016	<p>Quality Account draft 2015/16</p> <p>Work will be done on how best to make the document leaner going forward.</p> <p>The audit findings are that the RTT pathway was unable to be verified and some exceptions were again found this year.</p> <p>The A&E 4 hour wait indicator - there was an inability to issue a clean opinion due to the inability to verify breach data. RS is working on a validation and documentation piece. The Trust is not an outlier in this regard.</p>	
22.2/2016	<p>KPMG External Audit Report</p> <p>There is one recommendation pertaining to A&E as described above.</p>	

23/2016	<p>Quality and Performance Committee Annual Report</p> <p>An amended report will be circulated. Extra data will be added and the report will be taken to board next week.</p>	
24/2016	<p>Risk Scrutiny Exception Report</p> <p>The report was noted. There was a new risk regarding the urology unit being used as an escalation area. It was identified that it may be useful to have an operational risk register for cross divisional risks. It was identified that staffing was a risk identified in each of the clinical areas risk register, in particular it was recognised that Swan Ward would benefit from a risk summit.</p>	
25/2016	<p>Audit Committee Exception Report</p> <p>The report was noted.</p>	
26/2016	<p>Finance Committee Exception Report</p> <p>The report was noted.</p>	
27/2016	<p>Mortality Surveillance Group</p> <p>Verbal update was given – The first meeting has been held to agree terms of reference and membership of the group.</p>	
28/2016	<p>Any Other Business</p> <p>The Trust is due an assessment of the trauma service in August. The governance around the trauma service needs strengthening as it is not well defined. A report on the quality of the trauma service will be submitted to QPC to ensure that Trust Board is sighted to the preparation that is being made prior to the assessment. The annual report will also be presented to QPC prior to presentation to the Board.</p> <p>An issue was raised during a consultant interview regarding at what point the WHO surgical checklist should be carried out (before or after scrubbing). WHO guidance suggests that the pause should take place immediately prior to skin incision. The TASCC clinical lead should be asked to comment on this at performance review.</p> <p>Safety Thermometer – A large London Trust no longer carry out</p>	LK

	Safety Thermometer for certain areas. HC will review our use of Safety Thermometer and report back to the July meeting.	HC
	Date of next meeting: 16th June 2016, Room 2, Chertsey House 11.00-13:00.	