

**Board of Directors
Quality and Performance Committee**

**Minutes of the meeting held on Wednesday 13th January 2016
at 1pm in the Governors' Hall, St Thomas' Hospital**

Present : Ms D Summers (Chair)

Dr I Abbs
Mr S McGuire
Ms A Pritchard
Mr M Shaw
Dr S Shribman
Dame Eileen Sills
Dr P Singh
Dr S Steddon
Sir Hugh Taylor

Attendance: Mr P Allanson, Secretary
Mr P George Jones
Ms O Henderson
Ms A Knowles
Ms M Newman

Ms D Alison (Council of Governors representative)
Mr S Newman (Council of Governors representative)

QPC/16/01 Apologies

Ms G Niles, Mr S Weiner

QPC/16/02 Minutes of the meeting held on 14th October 2015

The minutes of the meeting held on 14th October 2015 were approved as a true record.

QPC/16/03 Chief Nurse's appointment as National Guardian for Speaking Up

The Committee congratulated the Chief Nurse on her appointment as National Guardian for Speaking Up. She had freed up time to take this on whilst remaining Chief Nurse and Director of Patient Experience by standing down from her external commitments and handing the Trust role on speaking up to the Finance Director.

QPC/16/04 Hot Topics Q3**a. Performance**

Industrial Action: The Medical Director reported that the detailed planning that the Trust had undertaken had meant that the Trust was well prepared for the junior doctor industrial action the previous day and there had been no reported incidents arising from it. The Trust had agreed with the BMA to continue with cancer treatments and complex planned care procedures in addition to emergency care. Around 10% of elective procedures and outpatient appointments had been cancelled with activity being led and covered by consultants. The emergency team had coped well and met the 4 hour access target. There would be a lessons learned meeting to help with planning for the next action due during the last week of January. The full withdrawal of labour on 10th February would also be the subject of detailed preparation.

Never Events: The Medical Director reported that there had been 14 never events in the last year. This was an unacceptable position to be in and was potentially significant both in terms of harm to patients and damage to the Trust's reputation. When reported, the Trust was likely to be an outlier in any league table.

The events were either associated with procedures where there was a need for immediate action to strengthen procedures and processes, system errors where checking system protocols was required and individual failures where policies had been breached which could lead to disciplinary action. Commissioners had been briefed and were aware of the actions being taken. It was suggested that policies should be reviewed regularly to make sure they reflected the complexity of patients.

The Trust would be holding a safety summit to review never events and serious incidents; this would be action based and involve senior clinical leadership and responsibility. Clinical Directors would be reminded that they would be expected to take a personal lead for investigating, following up and disseminating learning for incidents in their area. Making sure the learning and messages found the correct audience was essential including when appropriate on a wider basis outside the Trust.

The Committee noted the actions in place to improve the management of waiting lists in response to a number of incidents over the last year where patients had not been offered follow up appointments as requested by their consultant. Five incidents had led to harm or the potential for harm. It was clear that a number of local processes were not fit for purpose and not fully following Trust policy. A programme of audits to check that policies were being followed would be undertaken and there would be a quarterly review through the PRMs. It was also suggested that GPs and patients themselves could be encouraged to ask to be followed up.

CareNotes: The Committee noted the IT incident declared during December because the scheduling system for district nurse appointments had become unreliable. This had now been resolved although it had also become apparent from the previous system that there were a number of unrecorded actions going back over a number of years that needed to be resolved over time.

b. Finance

The Finance Director reported that M9 had shown an improvement over M8 and if performance was sustained at the same levels would mean that it was likely that the Trust would meet its plan by the year end.

The first draft of the 2016-17 business plan had to be submitted to Monitor by 8th February 2016 with the final plan due for delivery by 1st April 2016. Directorates first drafts were being reviewed although the absence of agreed or even draft tariff proposals and the distribution of money from the Budget, which were expected to reduce the cost reduction challenge, made assessing these difficult.

The Trust was working collaboratively with the Carter team to refine the reference costs it had put to the Trust as these were not usable in their current form. Lord Carter had asked to work with the Trust to learn from its procurement practices.

Engagement with the Sustainability Transformation Plans being proposed was also important. The Trust was expected to propose its own footprint and it was important that it was not boxed into a limited geography but was able to influence the range of areas for which it provided services. This would enable a broader view to be taken of savings jointly with others. It was noted that in any event the minimum savings requirement for 2016-17, the first year of the five year plan, would be in the region of £60mn.

c. Quality and Safety

The Acting Chief Operating Officer reminded the Committee that the referral to treatment target now required 92% to be treated within 18 weeks and that the 8% tolerance had to accommodate patient choice delays. In the context of increasing demand for the Trust's services additional activity was being delivered and although this had been behind plan was now being delivered to plan. Nevertheless the waiting list was at its highest.

Patients were booked strictly in order of referral apart from clinical need. There was an added focus on validation to ensure that pathways were accurate. Workshops were being held with directorates on validation and discussions held with commissioners on demand management. NHS England was seeking assurance that the Trust would continue to meet the target.

The Committee emphasised that whilst it acknowledged the need to meet the target, the additional demand had to be considered and treating patients well was more important. It was concerned that the prohibition on taking account of any clock stops could be problematical and suggested that representations were made on this point. It was clear that there were a variety of reasons for patients wishing to delay treatment, including diagnostic tests so it was not possible to draw conclusions.

Demand management was not necessarily the answer either as patients had the right to be treated within the timescales though ensuring the Trust received referrals only for secondary or tertiary care was important.

The Trust had not met the A&E 4 hour access target in quarter 3. Reasons included increase acuity and complexity of patients particularly if they attended during the twilight shift, the impact of the reconfiguration and capacity constraints. There had been a considerable amount of management action including extra focus on the twilight shift and a further CEO led star chamber. The three take medical model was due to start and some additional capacity was being provided. Changes to the way the Symphony IT system was being used would also help move patients through the system more effectively.

Internal performance on the cancer 62 day target was improving to the point of meeting it though increased referrals for urological robotic surgery meant that waiting time were increasing. The difference between meeting or failing the target was a small number of breaches. External performance remained poor meaning that the Trust would not meet the target overall. Meetings continued to take place with the main referring trusts to work to improve their performance.

It was clear that commissioners wanted further action to be taken; there was political interest in this target and it was thought that the development of an Accountable Care Network would offer additional, useful peer pressure to improve.

The concerns surrounding these key performance targets suggested that making sure the Trust could give a good account of itself was as valid a conclusion as meeting the target – RTT would become increasingly difficult to achieve if demand increased as resources decreased. The Trust also had a duty of care to its staff and the increased support should be offered to alleviate the pressure that was building especially where small teams, such as urology, were concerned.

The Essentia Chief Operating Officer briefed the Committee on a water incident involving an overdose of chlorine dioxide into the water systems in Gassiot House and other parts of St Thomas'. The incident began on 23rd December and was resolved by the evening of 24th December 2015. The matter had been reported to the HSE. All other similar systems checked and found to be working properly. A root cause analysis would be produced in the next few weeks.

The Director of Essentia suggested that he would report on infrastructure condition in the Trust later in the year to assess whether adequate investment in backlog maintenance was being made given the incidents that had occurred.

The Committee noted that the new patient transport contract had begun. Major improvements should be felt by the end of March as the new performance criteria began. There were some problems with punctuality caused by the road works at Elephant and Castle and around Guy's.

QPC/16/05 Performance Reports

IQPR – June 2015

The Chief Nurse reported that there had been only one case of c-diff during December and the Trust was now back on trajectory for the 2015-16 target though outbreaks were sporadic.

Although officially in the flu season there had been few cases compared to previous years. Take up of vaccine by staff sat at 47% against a national target of 75% - this would be discussed with TME. There was an outbreak locally of measles. One member of staff had contracted the illness and a considerable effort had to go into tracing contacts made more difficult because not all staff vaccination records were up to date and some young adults had not been vaccinated at all on account of the concerns about the vaccine 20 years ago.

The results of the staff survey would be released during February. There were early indications of improvement in some difficult areas.

The Trust was reviewing some areas based on the Friends and Family test data – an action plan for the day surgery unit had been put together and new ways of encouraging A&E patients to respond were being considered.

The increase in the number and complexity of both children's and adult safeguarding cases had led to the teams being drawn together. Compliance with the Mental Capacity Act and associated documentation needed to improve. It was also noted that there was a statutory duty to report instances of female genital mutilation to the police.

The Trust had finalised its Savile investigations following the emergence of a photograph of Savile with a young girl at the Nuffield. Neither the girl nor her family had responded to the Trust's enquiries so a report would be submitted to the Board on its way to CQC and Monitor.

QPC/16/06 Showing we care by speaking up

The Chief Nurse reminded the committee of the actions put in place to enable staff to speak up confidentially. There had been one case of an individual feeling overwhelmed, frightened and bullied with other cases highlighting poor management practice where the anonymity afforded by the private e-mail account made it difficult to investigate.

A non executive director was involved in reviewing cases handed on by the advocates.

QPC/16/07 Quality and Safety Priorities

The Committee noted the proposals for a rolling quarterly report. There would be consultation for selecting the priorities including directly with Governors. Some of the priorities would be chosen as a result of the Trust's involvement on Sign up for Safety.

QPC/16/08 Learning from patients

The Director of Quality and Assurance suggested that the paper would share learning from never events, incidents and complaints together with stories heard informally in the Trust. She asked for comments on the style and content of the paper.

QPC/16/09 End of Life Care Quarterly Report

The Chief Nurse said that in view of the national shortage of palliative care nurses, the Trust was developing its own cadre. It had launched and extension of the @Home service to provide palliative care at home.

QPC/16/10 Papers for noting

The Committee noted the minutes from the following committees:

- a. Finance Report Month 8
- b. Compassion in Practice – 6Cs Quarterly Report
- c. End of Life Care Quarterly Report (see also QPC/16/09)
- d. Infection Prevention and Control Quarterly Report
- e. Nutritional Assurance Committee Quarterly Report
- f. Patient Experience Quarterly Report
- g. Safeguarding Adults at Risk Quarterly Report
- h. Safeguarding the Welfare of Children Quarterly Report Attachment
- i. Trust Risk and Quality Committee Quarterly Report Attachment
- j. Minutes from the Serious Incident Panel meetings, September and October 2015

QPC/16/11 Date and Time of Next Meeting

The next meeting of the Quality and Performance Committee would take place on 13th April 2016 in Seminar Room 1, York Road Education Centre