

**QuEst Committee**

**Date/time:** Thursday 20<sup>th</sup> March 2014 @ 14.30hrs  
**Venue:** Boardroom, Leighton Hospital  
**Chair:** Mrs Tracy Bullock, Chief Executive  
**Action Notes:** Sally Thorpe, PA to The Chairman & Chief Executive  
**Quorate:** Yes

No.	Item	Discussion	Decision Made	Action	Resp	Due Date	Progress/Date Closed
1.	<b>Attendance:</b>  <b>Apologies:</b>  <b>In attendance:</b>	Mrs T Bullock (TB) – <i>Chair</i> , Dame Pat Bacon (PB), Mrs S Cooke (SC), Dr PA Dodds (PAD), Mrs E Huntbach (EH), Dr P Mann (APM), Mr H Mawdsley (HM), Mr J Moran (JM), Ms R Shenton (RS), Mrs J Smith (JS),  Dr T Strefford (TS)  Ms A Allcock (AA) Deputy DGM for Emergency Care Mrs S Forrester O'Neil (SFO), South Cheshire & Vale Royal CCG Quality Performance Manager Sr J Palmer (JP), Clinical Nurse Specialist					
2.	<b>Action notes of the last meeting held:</b> <u>Thursday 16<sup>th</sup> January 2014</u>	Action Notes were agreed as an accurate record subject to the following amendments: <b>9.3 Reducing In-Hospital Mortality Gap Analysis and Action Plan</b> – the responsibility for this to be changed from PAD to RS. <b>Any Other Business</b> , for clarity this should read ' <i>PAD stated there has been a fourth Never Event in this financial year</i> '		SLT to amend the Action Notes and workplan  SLT to amend the Action Notes accordingly	SLT  SLT	ASAP  ASAP	

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Document owner: **Mrs Tracy Bullock, Chief Executive Officer**

Name of Committee: **QuEst Committee**

Circulation : Mrs T Bullock - Chief Executive (Chair); Dame P Bacon - NED; Mrs S Cooke - SC&VRCC Clinical Quality Manager; Mrs C Cooper – Governor, Dr PA Dodds - Medical Director; Dr AP Mann - Consultant Cardiologist & Patient Safety Lead; Mr H Mawdsley - Governor; Mrs E Huntbach - Matron Clinical Quality and Outcomes, Mr J Moran - Chairman; Miss R Shenton - Patient Safety Lead; Mrs J Smith - Director of Nursing & Quality; Dr T Strefford – Vale Royal CCG GP Quality Lead,

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3.	<p><b>Matters Arising from meeting held:</b>  <u>Thursday 16<sup>th</sup> January 2014</u></p>	<p>The Action Log was updated accordingly.</p> <p><b>7.3 QSiS</b> – EH gave a brief update confirming a link on the AQUA website, is available to all staff which shows examples of good practice using the AQUA AIM methodology. EH advised that people can self- register if they wish to access this information and that AQUA would be happy to take people through the AQUA portal for the first time.                      JS added that the information on the portal was informative but was probably not suitable for QuEST; however it is useful for people doing specific projects.</p> <p><b>6.5.2 Francis Report – Gap Analysis (1)</b> – TB stated that the guidance had been checked around ‘Fit and proper persons’ and it was clearly defined. The Francis report had been amended to reflect this national target.</p> <p><b>6.5.2 Francis Report – Gap Analysis (2)</b> – JS stated that the RAG had been correctly amended.</p> <p><b>11 North of England Dashboard</b> – it was agreed this could be removed from the Action Log, and would come to QuEST as published. SC added that it was still ad hoc as to when the dashboard was available but would ensure that TB received a copy as and when it was available.</p>					
4.	<p><b>Annual Work Plan</b>                      4.1 2013-2014</p>	<p>Items for discussion within the agenda.</p>					
	<p>4.2 DRAFT 2014-2015</p>	<p>PAD stated that the HMRG was now monthly and this needed to be updated on the work plan                      The Committee agreed the Draft 14/15 work plan for the coming year.</p>		<p>SLT and EH to amend the draft 2014/15 work plan as outlined</p>	<p>SLT/ EH</p>	<p>ASAP</p>	
5.	<p><b>SSNAP Peer Review</b></p>	<p>AA and JP gave an updated presentation on the Stroke Action Plan following the Sentinel Stroke National Audit Programme (SSNAP) Acute Organisational Audit. AA outlined the background to the national stroke audit programme which</p>					

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		<p>commenced in 1998, with the Primary objectives being to improve quality, reduce mortality and to have a standardised approach.</p> <p>AA stated that SSNAP will be the single source of data for stroke. The Audit took place in July 2012 and focussed on 8 domains of care with the organisation, each domain having several criteria within it with the scores being divided into lower, intermediate and higher quartiles. AA and JP went through each of the domains and outlined the work within each area, adding that the final score and position of the Trust is obtained by calculating the average of the 8 domain scores. Currently MCHFT position is in the Lower Quartile and AA advised then reasons for this and the changes that had been made as a result.</p> <p>Following the presentation, questions and comments were answered. The Committee thanked AA and JP for the update.</p>					
6.	<b>Quality</b> 6.1 10 out of Ten	<p>JS stated that as the 10 out of Ten was drawing to a close (31<sup>st</sup> March 2014) there was nothing of significance to raise at this meeting and a full closure report will come to the next QuEST Committee meeting.</p>					
	6.2 Quality Account	<p>EH stated that the QA would come to the next QuEST Committee meeting.</p> <p>EH added that the Area Team have spent a day with all providers in order to prepare the QGIS for the Overview and Scrutiny panel.</p> <p>Deloitte will conducting data checks on the 3 chosen areas of which the Council of Governors selected the local indicator, 'falls', which will be included.</p>					
	6.3 Quality & Safety Improvement Strategy 6.3.1 2014-2016	<p>JS outlined the new QGIS for the next two years, adding that the draft document had been reviewed at QuEST previously. JS reiterated that a five year strategy had proved too long therefore leading to a two year strategy to reflect the changing environment that we work in.</p> <p>JS outlined the extensive consultation, which has predominantly driven the strategy and noted the programme of</p>		<p>The Committee approved the QGIS Strategy for the next two years</p> <p>JS to provide 6 monthly update on staffing levels to the Board of Directors</p>			

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		<p>work behind each of the metrics with a Lead responsible officer assigned to each of the domains. JS added that there will be monthly monitoring and reporting to QuEST as per the work plan. JS asked the Committee for ratification and approval of the Strategy to continue forwards over the next two years. PB stated that the strategy was impressive and carried a resonance with the National performance issues and had good clear focus for the Organisation.</p> <p>It was felt that the domain 'Effectiveness', 'Appropriate nurse staffing levels' was a current Board of Directors discussion and JS agreed to update the Board of Directors in 6 months-time, adding that she was attending an event with NHS Employers, which would hopefully provide clarity in respect of defining safe staffing levels.</p> <p>Committee members provided comment on the strategy and SC confirmed that Commissioners had bought into the nine domains.</p>					
7.	<p><b>Effectiveness &amp; Experience</b></p> <p>7.1 Advancing Quality</p>	<p>EH gave an overview to the AQ progress and predictions over the year 2013/14.</p> <p><u>AMI</u>: The Trust is doing well and is currently passing the AQ target</p> <p><u>Heart Failure</u>: Work to do to achieve this target as the Trust is just below the year-end target of 83%.</p> <p><u>Hip &amp; Knee</u>: This will not be met for the year. EH explained the reason for this and that the Trust would deliver going forward.</p> <p><u>Pneumonia</u>: whilst this was currently failing, it was hoped the year end would be achieved due to the work ongoing which EH described. EH confirmed a clinical lead would be considered when the new Respiratory Consultant was in post. It was noted that issues remained in respect of adult smoking cessation advice and counselling.</p> <p><u>Stroke</u>: Although currently failing the ambition was to get this back on track. EH noted the key challenge was admitting the patient to stroke unit admission within 4 hours. JS added explained how Ward Managers were supporting this measure and the difference this had made.</p> <p>TB stated that the overall results are disappointing and asked</p>					

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		EH if there was anything the Committee could do to help. EH confirmed the necessary actions were taking place.					
	7.2 Action Notes from Patient Experience – DRAFT Action Notes of 6 <sup>th</sup> February 2014	PB advised there was nothing to escalate to QuEst, however wished to highlight the development work that JS, Ruth McNeil and herself had been conducting to raise the profile and effectiveness of the PEC Committee within the Trust		To note the Action Notes			
8.	<b>Safety</b> 8.1 Patient Safety Report	<p>RS outlined each of the elements within the Patient Safety Report, in particular noted the following:</p> <p><u>Patient Safety incidents resulting in harm:</u> noting there is a rising trend in the number of low harm incidents which is in line with the national NICE guidance change to the reporting of low harm falls. The actual number of patient falls is decreasing whilst the number of low harm falls are increasing.</p> <p><u>Hospital Acquired Pressure Ulcers resulting in harm:</u> demonstrates a continued decrease over the last four months, and there have been no stage 3 or above pressure ulcers reported for 2 months. JS added that the learning from the mini RCA's has provided invaluable support and education.</p> <p><u>Medication incidents:</u> The Trust is currently not achieving this internal stretch goal, and work is ongoing.</p> <p><u>Hospital Acquired Venous Thromboembolism:</u> there have been none reported for January 2014.</p> <p><u>VTE Risk Assessment performance:</u> RS reported that the Trust continues to achieve this with January 2014 showing the highest score, 99.1%, to date.</p> <p><u>RAMI and SHMI:</u> RS provided an overview of the graphs and the work ongoing in line with the Action Plan. This will be further discussed with agenda item 10, HMRG.</p>		To note the Report			
	8.2 Never Events	<p>There have been 4 Never Events reported in the 12 month</p> <p><span style="border: 1px solid red; display: inline-block; width: 100px; height: 15px;"></span> f <span style="border: 1px solid red; display: inline-block; width: 150px; height: 15px;"></span> RCA's had been completed for each Never Event and JS added that a detailed report was presented to the Strategic Integrated Governance Committee (SIG) and that the Board of Directors were aware of the detail. An outline of the immediate and longer term actions were given.</p>					



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9.	<b>IA Report – WHO Surgical Safety Checklist</b>	<b>RS</b> presented the WHO Safety Checklist document, in particular noting the Executive Summary and the significant improvements highlighted.		To note the Checklist report			
10.	<b>Hospital Mortality Reduction Group</b>  10.1.1 Action Notes of 24 <sup>th</sup> January 2014	<b>RS</b> presented the Action Notes from the January meeting for information, noting that a verbal update on PRISM2 was to be given to QuEST.  <b>APM</b> stated that Preventable Incidents, Survival and Mortality Study PRISM2 was a study that the Trust would be taking part in, which involves the on-site review, by external reviewers, of the records of 100 randomly selected adult deaths in the Trust during the period of 01/04/12 to 31/03/13. The review will take place between March and July 2014. The results will be presented to the Mortality Reduction Group and QuEST thereafter.		To note the Action Notes  PRISM 2 Study results to be presented to Mortality Reduction Group and QuEST	<b>APM</b>		
	10.1.2 Action Notes of 28 <sup>th</sup> February 2014	<b>RS</b> presented the Action Notes from the February meeting for information, noting that for Item 6, 'Reducing Mortality Rates at MCHFT' a trend was identified and <b>PAD</b> would present the list of potentially inappropriate admissions to Dr Andrew Hudson. <b>SC</b> added that a review of Care Homes is underway in respect of the quality of care delivered. <b>TB</b> requested this information come to QuEST.		To note the Action Notes  Nursing Home review to be presented to QuEST	<b>SC</b>		
11.	<b>Francis Report GAP Analysis</b>	<b>JS</b> noted that the GAP analysis is monitored through a number of Committees and highlighted the areas relevant to QuEST - items 62a and 62c. <b>JS</b> added that these are on track and asked the members to contact her if there were any questions or comments.					
12.	<b>High Level Reports</b>	1) <b>TB</b> asked that for future Committee meetings, the North of England Dashboard to be reported under High Level Reports.		<b>SLT</b> to note for future agendas	<b>SLT</b>	<b>15.05.14</b>	
		2) <b>TB</b> gave an overview of the draft AQuA Mortality Review noting that the final report would be reviewed once received.		Final Report from AQuA to come to QuEST when available	<b>TB/ PAD</b>	<b>When available</b>	

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		<p>TB confirmed the report did not highlight anything the Trust was not aware of and provided a number of recommendations, for both internally and for the health economy.</p> <p>PAD and TB are to meet with Senior Teams to discuss action planning on receipt of the final report.</p> <p>PAD noted that the draft report was neither patient nor public friendly and it has been requested that an abridged or public friendly report is produced. AQuA took this on board at the feedback session. The Trust will publish the report, but only if in a more user friendly version.</p>					
13.	<p><b>Any Other Business</b></p> <p>13.1 Annual review of Terms of Reference</p>	<p>TB outlined the ToR for QuEst Committee following the annual review of each of the Board sub-committees. TB added that there were no significant changes and asked Committee members for their views on quorum, frequency of meetings and membership.</p> <p>The Committee members were happy with the existing ToR which will be finalised for the next financial year.</p>		<p>SLT to amend the title for EH</p> <p>Following this change, TB to send the updated and agreed ToR to Sarah Coombes for inclusion in the Governance Handbook.</p>	<p>SLT</p> <p>TB</p>	<p>ASAP</p> <p>ASAP</p>	
	13.2 North of England Dashboard	<p>TB presented the Dashboard for information, and whilst this was still not a consistent public release, it did give useful information to the Committee.</p> <p>TB outlined the outlier areas for MCHFT, Mortality, &amp; mixed sex accommodation breaches, noting this will be solved by the end of March when the new Theatres and CCU is operational. TB noted that the 4 hourly standard had deteriorated since this report.</p>					
	Any Other Business	<p>1) TB wished to note that the Area Team Quality Surveillance had met to discuss the Acute Providers (Providers not present). MCHFT had been invited to a 'Quality Review' meeting to provide an update on outlier areas. SC advised the date for the visit is flexible and will arrange it for when TB, PAD and JS are available.</p>					

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		<p>2) There had been a Monitor visit to the Trust recently which had proved positive. TB outlined the areas covered.</p> <p>3) TB gave thanks and appreciation to John Moran, who was retiring as Chairman on the 31/03/14, as this was his last QuEST meeting. TB gave thanks for his commitment, passion and engagement from the inception of QuEST over 6 years ago. TB wished him well and the best of luck for a long and happy retirement. JM thanked TB and agreed that the Committee had firmly found its role in improving quality and safety within the Trust and in providing assurance to the Board of Directors.</p> <p>4) TB gave thanks to Harry Mawdsley as this was also his last meeting of QuEST, following his retirement from the Council of Governors, TB thanked Harry for his contribution, in particular noting the appropriate balance that he brought in terms of challenge and support and in keeping committee members grounded. Harry thanked TB, and stated that he had found QuEST to be successful in its aims to provide assurance for Quality and Safety within the Trust.</p>					
14.	Items to be escalated to the Board of Directors	<p>1) Quality Strategy for approval (JS)</p> <p>2) PRISM2 (PAD)</p>					
15.	Date, time & venue of next meeting	<b>Thursday 15<sup>th</sup> May 2014 at 14:30hrs Trust Board Room, Leighton Hospital</b>					
	<u>2014 dates for your diary</u>	<b>17th July 2014</b>	<b>18th September 2014</b>	<b>20th November 2014</b>			
	<u>2015 dates for your diary</u>	<b>15<sup>th</sup> January 2015</b>		<b>12<sup>th</sup> March 2015</b>			
All Thursdays, meeting from 14:30-16:30hrs In the Trust Board Room at Leighton Hospital							