

**Quality and Patient Safety
Committee
9am 25th May 2018
Large Executive Meeting Room,
Trust Offices Colchester**

Members

Ms Susan Ayles-Peacock - Non Executive Director (Chair)
Mrs Catherine Morgan – Director of Nursing
Dr Angela Tillett – Medical Director
Ms Julie Parker – Non Executive Director

In Attendance

Ms Anne Rutland – Associate Director of Clinical Governance
Mr Stephen Simpson – Interim Head of Quality, Compliance and regulatory affairs, NEESPS
Ms Anna Swan – Staff Governor
Ms Emma Sweeney, - Head of Nursing, Medicine.
Ms Tracy Beason – Deputy Head of Midwifery
Ms Tina Leppard, Matron, Cancer Services
Mr Kevin Purser, Chief Pharmacist
Mr Mike McCarron, Health and Safety Advisor
Mr Adrian Porter, Radiation Protection Lead
Dr Julia Thompson, Consultant Lead, Palliative Care
Ms Jill Carnell, Matron, Community Paediatrics
Mrs Emma Hilton – Interim EA to Medical Director and Director of Nursing (Scribe)

Minutes have been recorded in item order and not necessarily in the order in which they were discussed.

18/70 Welcome and Apologies for Absence

Apologies were received on behalf of:

Dr Barbara Buckley - Director of Clinical Strategy
Mr Tim Fenton – Non Executive Director
Ms Kay Hamilton – Head of Nursing, Surgery
Ms Tracey Oats, Head of Nursing, Women’s, Children’s and Clinical Services Division
Ms Alison Littler – Acting Head of Midwifery
Mrs Elizabeth Smith – Public Governor, Tendring.
Ms Melissa Dowdeswell, Deputy Director of Nursing.

18/71 Declarations of interest

There were no declarations of interest.

18/72 Draft minutes of the previous meeting

The minutes of the meeting of 19th April 2018 were approved as a correct record with the following amendments:-

Page 1, Ms Anna Swan to be corrected to Staff Governor, not Public Governor

Page 4, Mortality Report, final paragraph, should read as “recommends to the board.”

Page 7, To add Heather Dakin’s Job Title as Infection Control Nurse.

18/73 Matters arising and action log

Ms Susan Ayles-Peacock presented the action log to the committee and noted the following:-

- To remove the first action 18/59 re recommending changes to the safeguarding report to the board as it was not an action.
- 18/59 SI references, to be retained. Noted this was about using reference numbers for all SI’s, not just wrong site surgery.
- NEESPS Quarterly update to be removed under 18/12 (January 2018) to be removed from the action log and action 18/63 to be retained (April 2018) as ongoing issue to be resolved with the ESNEFT QPS Chair.
- 18/69 to be retained pending discussion with ESNEFT QPS Chair regarding how to gain reflections at the end of meetings.
- 18/26 noted mortality report had been taken to A&E Delivery Board. Action to be removed from the log
- NG Tube Investigation (18/06) – Report will be available for June.
- Third Party Assurance (17/199 December 2017) to be removed from the action log.
- Remove 17/151 - regional audit for agencies as this will be taken forward via People and Organisational Development Committee and reported back as necessary.

18/74 Chairs Key Issues

Ms Susan Ayles-Peacock presented the Chairs Key Issues to QPS and noted the following from each.

From CKI; Clinical Effectiveness Group and Patient Safety & Experience Group (CEG/PSEG)

GIRFT Report

Noted this is on track but is still in the early stages of development. Ms Anne Rutland advised that this would also be presented to EMC.

Nutrition Steering Group

The committee questioned what would happen with the Nutrition Steering Group within the merge due to the loss of the Trust Nutrition Lead, Dr Roy.

Ms Julie Parker asked the committee if there is a forward plan for particular specialities and post for potential departures, with priority for critical roles.

Dr Angela Tillet assured the committee that the trust do assess future staffing plans. There was a retirement in January additionally. Dr Tillet has spoken with Dr Ian Gooding, Consultant Gastroenterologist, and a judgement decision has been based on these discussions. With the hospital merge this should offer more resilience especially with single point failure posts.

From CKI Quality and Risk Executive Management Committee (QREMC) Corporate Risk Register.

The committee highlighted the significant risk of “staffing shortages for Consultant Breast Radiologist and Radiographer”. This has been escalated for executive oversight and will be updated at the next committee meeting.

Action Update at next QPS.

18/75 Key Quality and Safety Issues

Dr Tillett advised the committee concerning the national issues around breast screening. Dr Tillett advised the committee that this affected around 1000 female patients. Dr Tillett advised that there was a second issue of a slippage of NEE recalling women.

Ms Julie Parker asked the committee if this was discussed at STP. Dr Tillett advised the committee that the way in which patients were called was changed. This has resulted in a significant number of patients not being called within their three year recommended period. Dr Tillett confirmed that CHUFT had become aware of this being a concern, however the feedback from NHS England is that this is not “an uncommon problem” however it is a complicated issue to resolve.

Ms Aylen-Peacock asked the committee if there would be an update at next months QPS committee meeting.

Action: Update at next QPS

18/76 Health and Safety Annual Report

Mr Mike McCarron presented the Health and Safety Annual Report to the committee. He highlighted to the committee the audits as being good and clear. A Risk and Safety trainer attends CHUFT and IHT to keep staff updated. This has proved successful as prior to this training rates were low at 20-30% and now are up to 80% compliant. Overall compliance is now rated as >90%.

Mr McCarron advised the committee that he was asked to review concerns and look to put measures in place with the aim to reduce Slips/Trips/Falls (not in patient falls), this is presented in the annual report and has been a successful piece of work. He highlighted that this also included a period of extreme weather, which was managed well by the Estates team. Mr McCarron advised the committee that the categories have changed from last year's report but looking ahead next year the report will be able to be compared like for like. Mr McCarron advised the committee that there are Health and Safety Advisors (trained to Level 3 standard) in all areas and the culture is improving positively.

Ms Aylen-Peacock queried if the categories have changed - how can the figures be relied upon confidently? Mr McCarron confirmed to the committee that the figures have been looked at in detail. He also advised that IHT and CHUFT are working closely in addition with West Suffolk Hospital.

Ms Julie Parker asked the committee if any of the falls figures included staff members. Mr Mike McCarron confirmed that the figures include staff.

Ms Julie Parker asked the committee if the patients fall outside of the clinic/hospital building, if these figures are included. Mr Mike McCarron confirmed that these are reported in the final figures.

Mr Mike McCarron advised the committee that the report highlighted that the Trust are improving with near misses. Mr McCarron could not give a breakdown of the figures but he could confirm that this has been encouraged with training on remote sites. Mr McCarron confirmed to the committee that all sites are visited regularly and he is working with Ipswich to ensure there is a lead on all sites.

Ms Susan Aylen Peacock asked whether the committee should be concerned about the 25% increase in reportable RIDDOR incidents. Mr McCarron reported that this was acceptable variation and were approximately similar to previous years. West Suffolk reported 16 and IHT 18.

The committee noted the report and thanked Mr McCarron.

18/77 Patient Safety Report

Mortality Report

Dr Angela Tillett noted to the committee that the April figures are higher than average. The graphs confirm an increase in January and February national averages. Causative factors have been investigated including re-admission and time in ED.

Regarding review of the early part of the Patient Pathway by primary care colleagues in Tendring, Dr Tillett advised the committee clinical reviews had not happened. There are issues with Clacton/Tendring areas regarding challenges concerning GP levels. To take this forward there will be a focus on patients highlighted by mortality reviews in CHUFT and then information gathered by primary care team.

The committee noted the report on ambulance services and delays. Dr Tillett advised the committee that she has linked with Mr Mike Gogarty from NHS England who will be analysing the data. This will be reported to the committee at a later date.

Ms Julie Parker asked the committee if GP's review the mortality data. Dr Tillett advised that GP's have attended the monthly Friday morning meetings to look at patient pathways.

Ms Julie Parker asked the committee that in view of the challenges in GP staffing in some areas if it is "good value" to have GP's within ED or are they better placed within the CO15 community.

Dr Angela Tillett highlighted to the committee that the role of Medical Examiner will be implemented by April 2019. And this will add a further objectivity to the process and also a key link with the family.

Ms Aylen-Peacock reflected on the February Learning from Deaths, report and reiterated that some of the issues noted as "learning points" are not, rather they are simply statements of what happened, for example "unexpected return to theatre for patient."

Patient Safety Report

Mrs Catherine Morgan highlighted to the committee the report and the plans to ensure improved compliance with SI's and improvement with closures of LEAPS in collaboration with NEECCG. Mrs Morgan also noted to the committee the improvement seen with pressure ulcers and falls.

Mrs Catherine Morgan highlighted to the committee that compliance with the sepsis 6 bundle has not sustained improvement in the last few months and has deteriorated in part on the wards. There is focused work on-going led by the DP group and there is to be a wider audit led by sepsis champions to establish better key issues and trends. The implementation of the use of e-obs (with Sentinel) will make a significant impact to compliance. Roll out will commence at the end of this calendar year.

Dr Angela Tillet and Mrs Catherine Morgan confirmed they will give support in the wards to undertake the review.

QPS noted that the NG Tube Incident report will be available for next month's committee meeting.

Serious Incidents

Ms Aylen-Peacock noted 100% compliance in 3 days reporting and improvement in 60 day reporting.

Duty of Candour/LEAPS

Ms Aylen-Peacock noted the 100% compliance.

Tissue Viability & Falls

Ms Aylen-Peacock was pleased to note the improvement in these areas. Ms Aylen-Peacock highlighted that this is an area which will be important to keep improving within the merger.

Ms Emma Sweeney noted to the committee that this was evidence of teams working together to improve performance. She also highlighted that staff had a true insight into their patients including mitigating risks and raising awareness of whether it was safe for patients to be mobilised.

Ms Emma Sweeney highlighted to the committee the "Walking Bus" which is an initiative to improve mobility and socialisation. It is a facilitated walk for patients which includes physio's and nurses to take patients outside of the ward. The feedback from patients has been positive with help to improve mobility, lift boredom and socialisation.

Maternity

Ms Aylen-Peacock was pleased to note to the committee, the improved compliance relating to smoking. Ms Aylen-Peacock asked the committee if the figures concerning post-partum haemorrhage are due to action being taken or fluctuation of figures. It was noted that review of the overall trend rather than month by month gave better assurance.

Paediatrics

Ms Aylen-Peacock asked whether there was any update regards the national Patient safety award and was advised not at this stage.

Management of Deteriorating Patients

Ms Aylen-Peacock asked the committee if there were any issues to note, and none were noted.

Litigation and Inquest

Ms Anne Rutland highlighted the Trust had received 7 new claims within April, one more than March. The Trust has 9 open inquests.

Missed dose Audits

Ms Julie Parker asked the committee regarding the missing data from some wards, Langham Ward included. The committee noted that not all wards are audited every month.

Mr Kevin Purser advised the committee that this could be re-phrased as 19 were completed this week and the information is not included in this month's report.

Mrs Susan Aylen-Peacock asked that performance be shown in a time series rather than a monthly snapshot as the latter does not allow trends to be seen.

Action: Ms Aylen Peacock, time series performance.

Tissue Viability Quarter 4 Report

Mrs Morgan highlighted the report to the committee. Mrs Morgan emphasised the progress of ongoing improvement, a huge impact has been from education and improved staffing within clinical areas. Mrs Morgan noted to the committee that this improvement and learning will continue when linking with Ipswich Hospital.

Ms Julie Parker asked the committee where pressure ulcers at the Trust rank in CCG priorities.

Mrs Morgan confirmed that it remains a core quality indicator that is reviewed monthly.

Falls

Ms Aylen-Peacock noted the plan relating to Falls prevention and that the Trust are maintaining the standards and figures. The committee noted the decrease in Falls numbers in April and that there were no falls with serious harm in April.

18/78 Patient Experience Report

Mrs Catherine Morgan presented the report to the committee. Mrs Morgan highlighted to the committee that the FFT has been changed to Healthcare Comms, this is hoping to offer more flexibility in terms of feedback in the future

Ms Aylen-Peacock asked the committee for clarification of "co-op cuppa" This was confirmed to be tea and biscuits offered by East of England co-op to the Caring 4 Carers group.

Complaints

The committee noted that the annual report had been withdrawn and would be presented in June.

Action, For update at June QPS

PALS

Ms Aylen-Peacock queried whether the tables showing Friends and Family test for reasons for non-recommendation/recommendation had been mislabelled as the reasons given such as “very helpful” and “very good care” did not make sense for non-recommendation.

Patient Advisory Group

Ms Aylen-Peacock was pleased to note that the Patient Advisory Group was moving forward and encouraged the group to look at diverse ways of engaging with a wide range of people.

Ms Emma Sweeney noted to the committee the Cancer user Group. This was noted to be a newly established group and it is being positively received.

18/79 Infection Control Report

C.Diff

Mrs Morgan noted to the committee that there were two cases of C.diff reported in April, both of which are being appealed. No cases reported to date in May.

E.Coli

Mrs Morgan noted to the committee that there are plans consider how to report E.Coli on a monthly basis. Heather Dakin, Infection Control Matron, is working on this with IHT, as they have merged to be a combined team earlier than planned.

Saving Lives Audit

Ms Julie Parker noted the audit. Ms Parker noted the prevalence of 100% figures as they sound too good to be true. Ms Parker asked the committee if these figures will be affected with the hospital merger. The committee advised that figures may change with ESNEFT.

Ms Aylen-Peacock asked the committee about the “red results” under Antimicrobial Stewardship. Dr Tillett advised the committee that this related to capacity issues. Mrs Morgan advised on a joint approach following the merger. Ms Aylen-Peacock queried whether joint audits will provide more stringent audits going forward. Mr Kevin Purser advised the committee that concerns were raised regarding this at IHT to raise awareness.

Hand Hygiene

Ms Aylen-Peacock asked what was being done in response to the audit figures concerning poor hand hygiene for hostess services and portering services. Mrs Morgan advised the committee that there has been focused training in these areas. Mrs Aylen-Peacock reflected that in the People and Organisational Development committee Estates & Facilities are noted as having high compliance with mandatory training. Ms Morgan emphasised to the committee that this is not an issue that can be fixed by telling people how to clean their hands. Mrs Morgan advised there are some ongoing training issues relating to the use of PPE and when to wash hands.

18/80 Maternity Collaborative

Miss Philippa Greenfield, Consultant Obstetrics and Gynaecology presented the Maternity Collaborative report to the committee.

Ms Aylen-Peacock commented that the report covered much more than the work ongoing with the collaborative.

Miss Greenfield highlighted from the report the national perinatal audit including the RCOG and RCM are looking at a wide number of parameters which include;-
3rd and 4th degree tears.
Post-partum haemorrhage of 1500mls or more.

Miss Greenfield highlighted from the report that the rates of 3rd and 4th degree tears have increased nationally, but this is due to better reporting standards. The data set reported on was from 2015/16. 2017/18 has shown significant improvement. The plan of action noted was more widespread training for midwives.

Miss Greenfield highlighted from the report that the national rates for PPH were increasing year on year. CHUFT is still an outlier however. Miss Greenfield informed the committee that there is a widespread variation on how the blood loss is measured but at CHUFT everything is weighed so little is left to estimation.

Miss Greenfield highlighted to the committee the Saving babies lives Care bundle. The national initiative is to reduce the rate of stillbirths by 50% by 2025.

Ms Aylen-Peacock asked for clarification on the figure of 4.7 per 1000 and Miss Greenfield confirmed to the committee that this was the national figures.

Smoking Cessation

Miss Greenfield highlighted the smoking cessation awareness support available, with staff education and focus on the use of vaping.

Fetal Growth Restriction

Miss Greenfield highlighted the challenges faced with access to scanning and capacity of scans being offered. Miss Greenfield highlighted the trust is falling short with more scans being provided for high risk mothers, due to constraints with sessions, staffing and USS machines.

Reduced Fetal Movements

Miss Greenfield presented the report to the committee and advised that there is access to education leaflets for patients and the emphasis is on dispelling myths.

Fetal Monitoring during labour.

Miss Greenfield highlighted to the committee the CTG masterclasses for staff to ensure recognition of patterns. Miss Greenfield confirmed that 95% of staff have attended the training. This information is also backed up with mandatory training and e-learning.

PRMT

Miss Greenfield highlighted to the committee that the consolidated national learning from November 2017 was launched in February 2018. Moving forward there is ongoing review of care and learning.

CNST

Miss Greenfield highlighted that CNST is prominent on the national agenda.

Going Forward

Miss Greenfield highlighted with the committee the biggest challenge for Maternity services is the continuity of care. This led to a lengthy discussion relating to the NHSI collaborative. Miss Greenfield confirmed that this has been commissioned by the Secretary of State for Health. This is a three year programme. Four staff have attended a 9 day course. The course supported;-

QI programmes

Focused on continuity of care

Saving babies lives

PPH

3rd and 4th degree tears.

Miss Greenfield confirmed the importance of embedding the principles into the team.

Ms Parker asked the committee if the mortality issues relate to the postcode demographic.

Miss Greenfield confirmed that a postcode issue is becoming apparent with maternal mortalities and the risks for mothers in the coastal areas will need to be further reviewed.

Miss Greenfield confirmed that the number of midwives in the coastal areas is not as high.

Ms Aylen-Peacock confirmed that the postcode issue is a key theme of the STP.

Mrs Morgan confirmed that the maternity collaborative and LMS will be key moving forward.

18/81 End of Life Care Quarterly Report

Dr Julia Thompson presented the End of Life Care quarterly Report to the committee. Dr Thompson highlighted to the committee the decrease in Chaplaincy resources which leaves overnights not covered. Dr Thompson highlighted that there have been 19 incidents recorded where prayers at the end of life could not be given.

Dr Thompson advised the committee that Donna Traynor, Matron, has met with the new Lead Chaplain to discuss a way forward. Mrs Morgan confirmed that Ms Anne Rutland will be leading on recruiting to the team for ESNEFT to improve provision of cover.

Dr Thompson advised the committee that complaints have been high over winter as death rates have been high during winter. Dr Thompson advised that benchmarking against other trusts has not given much transparency.

Dr Thompson advised the committee that the Princess Alexandra Trust is on par with CHUFT but information is still being sourced.

Dr Thompson advised there are still some communication issues on the use of the term pathway, and there is re-education concerning this.

Dr Thompson highlighted to the committee that there can be delays with Care Homes being able to assess patients and that can lead to delays with discharge at the end of life.

Dr Thompson noted the EOL Collaborative day on 27th June.

Dr Thompson noted the Time Garden completion date of 18th June.

Dr Tillett highlighted with the committee that obtaining a good data for Time to Discharge was essential and would be a priority for a system wide group. Dr Tillett advised the committee that the End of Life Steering group, will be merged with Ipswich group but in terms of providing 24/7 on-call, there are challenges as there is a small team at IHT. This will be a key area of focus for improvement.

Ms Aylen-Peacock asked the committee how EOL will be affected with the merge with Ipswich Hospital.

Dr Thompson advised the committee that IHT are submitting business cases which are not being accepted for 24/7 rota at IHT site. The challenges of locations for the service of palliative care were noted, as this does not just relate to two trusts but also satellite locations.

18/82 CQC Musts and Shoulds Action Plan Update

Mrs Catherine Morgan confirmed with the committee that CQC Musts and Shoulds action plan has been deferred to June QPS. This will first go through EMC and will be on the agenda QPS on 18th June.

Action Mrs C Morgan, for update at June QPS.

18/83 Trauma Audit and Research Network Peer Review Actions

Dr Angela Tillett presented the Trauma Audit and Research Network Peer Review Actions (TARN) to the committee. This was an update from the peer review of 2016. Dr Tillett advised the committee that progress has been made in some areas which is evidenced on the dashboard. The trust is above national mean for many areas however data capture and accuracy on the CT scanning 60 minute standard required focus.

Ms Aylen-Peacock asked the committee if the trust are due another visit.

Dr Tillett confirmed to the committee that there will be more frequent visits on a risk based approach.

Dr Tillett confirmed to the committee that the trauma co-ordinator service is in place and offers a good service. However, more resource to support this role is required.

Ms Julie Parker raised with the committee that it is important to ensure that following ESNEFT that good performance figures are not lost when combining audits.

18/84 Corporate Risk Register

Ms Aylen-Peacock advised the committee that she had asked for this report to ensure the committee was fulfilling its terms of reference, which included oversight of the quality risks on the corporate risk register. The committee had not received reports previously but would receive a six-monthly report showing the risks and direction of travel.

The committee were asked about concerns regarding staffing shortage (1938), and Mrs Morgan confirmed that this was raised and discussed at the last EMC.

Medical Equipment replacement (1747) was raised. Mrs Morgan confirmed that a replacement programme is in place and the divisions were requested to be clear in their RR's where the equipment issue was on the replacement programme.

Ms Julie Parker asked the committee regarding physical intervention (1873) being amber. Mrs Morgan confirmed that this is a key risk and will involve key staff being adequately trained in appropriateness of using physical intervention (PI). Mrs Morgan advised the committee that there is a plan to make this available at all times. However there is a three day training programme. Individuals have been identified to complete the training and it will take time to put in place.

Ms Julie Parker asked the committee what risks have been identified.

Mrs Morgan confirmed to the committee that there is a risk to staff not being safe if inadequately trained in breakaway techniques, and a potential risk to patients if trained staff are not available which restraint/PI is required. Mrs Morgan advised the committee that there has been one issue of an incident being raised where there was lack of a plan and prolonged PI.

18/85 Board Assurance Framework **BAF deep dive into Accountability and Escalation**

Ms Aylen-Peacock highlighted to the committee the extract from the BAF highlighting the risk description, current score, controls and sources of assurance.

Ms Aylen-Peacock suggested that the CKI process could be noted as a control and also the divisional structures and governance meetings. Assurances could include at Level 2 the minutes showing QPS regular review of BAF and deep dives, annual review of ToR, annual review of committee effectiveness and CKI reports to Trust Board. Mrs Aylen-Peacock also suggested that the quality-related Internal Audits should be included in Level 3.

Ms Julie Parker highlighted the exception reporting to assurance committee's for Level 2.

It was noted that the phrasing of this should be amended as exception reports are reported to assurance committees separately. The committee were assured that the format of reporting at Colchester will continue.

Mrs Morgan confirmed to the committee that the BAF will be re-written for ESNEFT.

- The committee noted that the matters discussed today had covered the BAF risks on Improving quality of care. Improving Pathology Services had not been specifically addressed but would be covered in the next quarterly update.

18/86 Radiation Safety Annual Report

Mr Adrian Porter presented to the committee the Radiation Safety Annual Report. Mr Porter highlighted to the committee that there are forty pieces of equipment that produce radiation, and none were replaced last year. Mr Porter emphasised to the committee that the list of equipment in need of replacement is increasing with some items being eighteen years old.

Mr Porter highlighted to the committee that a concern regarding the older equipment is that it does not send dose information to PACS directly.

Mr Porter highlighted to the committee that last year that two patients had radiation over exposure.

Mr Porter was pleased to note to the committee that staff doses are reported as very low. Mr Porter noted that there was one case of high dose but on further investigation this resulted in the badge being worn by another member of staff.

Mr Porter highlighted to the committee the problems faced with collecting data concerning consultants working at multiple sites, for example Basildon Cardiology Department.

Mr Porter noted to the committee the concerns regarding the Nuclear Medicine risk of one full time radiologist training in Nuclear Medicine. However, it was noted that merging with Ipswich has helped with the cover for this.

Mr Porter was pleased to note to the committee that following a positive inspection that CHUFT was reported as an “exemplary site.”

Mr Porter noted to the committee that there have been four wrong patient referrals since electronic requesting. All of which have been reported to the CQC. Mr Porter advised the committee that Dr Mark Carrington has investigated this and discussed with A&E a new approach of a general log in and cross purpose checking of names.

Mr Porter noted there is a greater requirement to train staff in best working practices.

Mr Porter noted to the committee that the radiation dose for eyes decreased from 150 to 120 and led to the purchase of protective eye wear. This is to be monitored closely.

Ms Julie Parker asked the committee how this information was made available to those staff and patients alike. Ms Parker raised concerns that posters do not reach everyone and how would it be ensured that everyone is appropriately communicated.

Dr Tillett confirmed to the committee that the clinicians verbally advise patients and put the risks into perspective in clear terms.

Ms Julie Parker raised to the committee that the board are personally liable if staff are placed in other hospitals without sufficient training.

Ms Aylene-Peacock asked the committee regarding last year’s report highlighted, and this remains an issue. Ms Aylene-Peacock asked the committee what management was taken and asked for assurance to know what occurred outside of the committee. It was noted that this information should be included in the report for reference.

Dr Tillett confirmed to the committee that the Radiology Team were all informed and consulted.

Dr Tillett highlighted a concern regarding there not being a physics laboratory with relocation which would need to be reviewed.

The committee asked how this works at Ipswich Hospital. Mr Porter confirmed that IHT have a contracted service, and this may change from April 2019.

The committee noted the report and thanked Mr Porter.

18/87 Any other Business.

Every Patient Every Day

Mrs Catherine Morgan confirmed that the Every Patient Every Day is incorporated within the Portfolio Board.

Ms Susan Aylen-Peacock asked if this can be reported to QPS next month. Mrs Catherine Morgan advised the committee that some information can be extracted and reported at June's QPS.

The five issues for EPED were noted by the committee;-

- Maternity
- Mental Health
- Sepsis
- Deteriorating Patients/EOL
- Quality Improvement Faculty.

Action for update at QPS in June .

Governor observations

Mrs Aylen-Peacock asked if Anna Swan, Staff Governor observing the meeting, wished to make any observations and she advised that any queries she had had were addressed during the discussions. She was happy that the discussions showed clear 'ward to board' flow and had no other observations.

To note;

Date of next meeting

18th June 2018

12:30 to 15:30.

Large Executive Meeting Room, Trust Offices