

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) Updated 7-Dec-17

OF - Oonagh Fitzgerald, NV - Nerissa Vaughan, HW - Hilary Walker, KM - Kevin McNamara, GR - Guy Rooney,
CN - Carole Nicholl, KJ - Karen Johnson, AGr - Adrian Griffiths, LP - Linda Power, JO - Jim O'Connell

DATE RASIED	REF	MINUTE	ACTION	LEAD	DATE DUE	COMMENTS/PROGRESS
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OCTOBER

Jul-17	119/17	Quality Report - Mortality Alert relating to complications of surgical/medical care	PH questioned when further information would be known about the alert. GR responded that the alert would be closed off through the Patient Quality Committee within the next few weeks. It was not expected that the alert was significant and probably related to a coding issue. <i>GR undertook to include an update in a future quality report.</i>	GR	05-Oct-17	05.10.17 - GR explained that the Trust considered the Doctor Foster alerts and it was flagged that many alerts resulted as a result of practice in other hospitals. The Trust was seeking to understand why information was coming through to this Trust.
Sep-17	181/17	OPR - Brain imaging Stroke	<i>NLB referred to stroke brain imaging seeking additional information about the two key points in the day referred to in the report and AGr undertook to report back on this at the next meeting. Furthermore reference was made to the July and quarter 2 figures which did not correlate and AGr undertook to correct the performance data in the next report.</i>	JO	05-Oct-17	05.10.17 - AGr commented that there were vulnerabilities around performance associated with times of day. Further work was underway to understand this and information would be included in a future operational performance report to the Board. 27.10.17 - The Deputy COO has undertaken to look into this and report further in the Dec-17 OPR. 07.12.17 - It was explained that not all stroke patients accessed the hospital via ED. There were some patients who had strokes whilst on the wards. There was sufficient scanning capacity; the issue was around recognition of stroke and assessment periods. It was noted that work was underway around improvement to stroke performance and that brain imaging performance would be included as part of that. It was therefore agreed that this action could be removed from the tracker.

NOVEMBER

Sep-17	179/17	Quality Report - Blood Contamination	<i>HW commented that this was about members of staff doing what they needed to do every time and that it would be more helpful to the Board if a rolling twelve month average was provided.</i>	HW	02-Nov-17	28.09.17 - This will be included in the Nov-17 report as planned COMPLETED
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DECEMBER

Aug-17	149/17	Finance Report - CIPS	<i>It was noted that a detailed review of CIPS would be undertaken in September focussing on likelihood of delivery and pay spend with a report on this through the Finance and Investment Committee in October.</i>	KJ	07-Dec-17	31.08.17 KJ advised that this review will take place after Quarter 2 reporting so will not be concluded until the end of Oct. ACTION COMPLETED and reported through F&I Committee
Oct-17	212/17	OPR - Older People Pathway	<i>The Older People Pathway would be launched later in the month, details of which were set out in the report. In response to a suggestion from NV, AGr advised that he would look at the possibility of a specialist nurse to support the initiative.</i>	KM/JO	07-Dec-17	07.12.17 - It was reported that a business case had been developed with funding sought towards an older person scheme which included specialist nursing. This action was therefore closed.
Oct-17	212/17	OPR- Capacity / SWICC	<i>NV commented on the need to describe the role of SWICC. Furthermore, NV suggested that it would be helpful to understand the capacity created from SWICC and the community teams.</i>	KM/JO	07-Dec-17	07.12.17 - SWICC and ED were working closely together and therefore the role of SWICC was becoming clearer. The number of discharges per day was improving. ECIP was on site working with the Trust around improvements to patient flow and this would include use of SWICC. It was therefore agreed that this action be closed on the tracker.
Oct-17	212/17	OPR- Patient Length of Stay	<i>NV emphasised that length of time in the Emergency Department was really significant in terms of patient experience and outcome and that there needed to be a focus on this. Furthermore, NV commented on the need to monitor the length of time in other departments and the length of stay in LAMU.</i>	JO	07-Dec-17	07.12.17 - Length of stay was being considered as part of the patient flow improvement plans. Improved flow would lead to reduced length of stay. Improvements had been seen with a reduction in the number of bed days lost. It was agreed that this action be closed as the matter was being picked up as part of winter planning.
Nov-17	239/17	Quality Report - Patient Stories	<i>Conversely another respondent had made complimentary comments about the Children's Unit and HW undertook to share the feedback.</i>	HW	07-Dec-17	07.12.17 - It was noted that HW had shared patient feedback stories and therefore this action had been completed.

Nov-17	239/17	Quality Report - Patient Stories	<i>In response to a question from AC about the moderate harm incidents relating to medicines, HW undertook to provide information including lessons learnt outside of the meeting.</i>	HW	Outside of meeting	07.12.17 - It was noted that HW had provided additional information around lessons learnt and therefore this action had been completed.
Nov-17	239/17	Quality Report - Patient Stories	<i>It was suggested that support from Brighter Futures could help with this and KM undertook to raise this with the Charitable Funds Team.</i>	KM	01-Dec-17	07.12.17 - It was noted that KM had discussed support from Brighter Futures towards gaining patient feedback.
Nov-17	241/17	OPR - Right Patient Right Place	<i>In response to a question from AC, LP undertook to provide information on the number of first assessment breaches in the next report.</i>	JO	07-Dec-17	07.12.17 - It was noted that a review of first assessment breaches was underway. It was known that a number of breaches should not be classified as true breaches but related to the availability of beds. Therefore an additional assessment category was to be introduced to identify these. It was agreed that the action be closed.
Nov-17	241/17	OPR - Right Patient Right Place	<i>AC questioned this Trust's first assessment breached compared to other hospital and LP undertook to report benchmark data on this in future reporting.</i>	JO	07-Dec-17	07.12.17 -It was reported that the Trust benchmarked higher than other Trusts for first assessments. It was therefore agreed that the action to provide benchmark information could be closed.
Nov-17	241/17	OPR - Patient Acuity	<i>SN sought insightful analysis of ED acuity levels. It was noted that this would be undertaken as a separate piece of work for report to the Performance, People and Place Committee. Furthermore, in response to a comment around ED attendances dropping because of streaming, it was confirmed that this would be plotted</i>	JO	07-Dec-17	07.12.17 - In response to a request for insightful analysis of ED acuity levels, JO had advised that he was unaware of an acuity model which would provide this information. It was therefore agreed that this action be closed noting that this information might not necessarily have been beneficial in supporting performance improvements
Nov-17	241/17	OPR -DNA Community	<i>In response to a request from JS, KM undertook to find out further information around why those people did not attend.</i>	KM	07-Dec-17	
Dec-17	277/17	OPR - Funding Bid	<i>In response to a question from JM, it was noted that the outcome of the bid application would be known in mid-December at which point detail would be shared with the wider Board.</i>	KJ	mid Dec-17	

FEBRUARY

Dec-17	276/17	Quality Report - quality indicators	<i>AC questioned whether there could be concerns which might not flag. GR responded that this was why Dr Foster's independent alerts had been introduced. A national methodology applied. AC commented that he would like to understand this better and GR undertook to talk to AC outside of the meeting to provide further information on the trigger of alerts.</i>	GR	01-Feb-18	
Dec-17	277/17	OPR - Theatres	<i>In response to a request from NLB it was agreed that the oral surgery presentation on late starting and under-running lists which adversely affected theatre utilisation would be presented to the Quality and Governance Committee in January.</i>	JO	Q&G 15-Feb-18	
Dec-17	277/17	OPR - Theatre productivity	<i>NLB drew attention to the national analysis of theatre productivity which stated that staffing costs were £755 per session against £1,317 peer group and £1,188 nationally and he questioned why the Trust was able to perform so much cheaper than others and whether the information was correct. OF undertook to check the information and report back.</i>	OF	01-Feb-18	
Dec-17	277/17	OPR - SWICC	<i>Arising upon consideration of this JS advised that she would welcome a visit to SWICC which KM undertook to arrange for the Non-Executive Directors.</i>	KM	01-Feb-18	

APRIL

Oct-17	212/17	OPR- Patient Length of Stay	<i>The Board approved the Winter Plan and in response to a suggestion by SN it was agreed that a review of its effectiveness should be undertaken to coincide with the regional and national reviews in March. It was agreed that a report should be presented to the Performance, People and Place Committee in April.</i>	JO	Apr-18 PPP	
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