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<th>Quality Committee Chairman’s Report</th>
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<td><strong>Status</strong></td>
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<td><strong>History</strong></td>
<td>This is a regular report to the Board</td>
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<td><strong>Board Lead(s)</strong></td>
<td>Mr Geoffrey Salt, Committee Chairman</td>
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1. Introduction

At its last meeting held on 9 July 2014, Trust Board received the Quality Committee Annual Report 2013/14. The Committee’s last regular report was considered by Trust Board at its meeting on 14 May 2014. Since then, Quality Committee has met on 11 June and 13 August, 2014. The main issues raised and discussed at the meetings are set out below.

2. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Trust Board:

2.1. The Committee received a patient story which reflected the work that was being undertaken by the OUH, working together with the Oxford Health Foundation Trust, to improve discharge processes. The patient pathway illustrated the challenges faced in achieving a constructive partnership with family carers, to attend sufficiently to the patient’s independence. Clerical and administrative functions had not always adequately succeeded in facilitating the nursing and clinical focus, and there had not always been adequate support for junior staff. While organisational change could provide an opportunity for more collaborative work, there was also the potential risk that some staff could feel disempowered by change in their respective roles. It was noted that actions taken as a result of the lessons learned through consideration of this patient’s story included:

- Review and improvement of the discharge process, in partnership with family carers and community services;
- Expansion of the role of Discharge Liaison Nurse;
- Discussion and dissemination of the patient’s experience, to encourage consideration of eg:
  - Early cognitive screening
  - Involvement of family
  - Support for carers

2.2. The Committee also received a patient story relating to an emergency admission at the Horton Emergency Department, and subsequent transfer to the Surgical Emergency Unit [SEU] at the John Radcliffe. This highlighted several issues, including inconsistencies with the administration of his long-term medicines, privacy and dignity while waiting for a bed, difficulty accessing staff assistance, criticism of the Friends and Family Test and poor environment. The Committee discussed the strategy for disseminating the learning from this patient’s story across the organisation, and it was suggested that the learning dissemination strategy in relation to each patient story should routinely be addressed in the report provided.

2.3. The Chief Nurse provided feedback from the ‘Big Conversation’. This had been aimed primarily at front-line clinicians, with the objective of establishing the vision, mechanism and partnerships needed to function as ‘one community’, to improve the experience and care of older people across health and social care pathways. A group with representatives from OUH, Oxford Health Foundation Trust [FT], Age UK and Oxfordshire County
Council was being formed, to consider how volunteers could support patients following discharge into the community.

2.4. The Committee heard that the Trust had made a joint submission with Oxford Health FT in relation to providing integrated care. It was anticipated that a recommendation would be made to start formal negotiations.

2.5. The Committee received feedback on the key themes which had emerged from staff focus groups, held as follow-up to the Staff Survey 2013. The key themes were reported to include:

- Recruitment and retention: Comments reflected experience of continuing staff shortages in some areas. Staff reported frustration with delay in the processes for recruiting substantive staff, and some discontent at the higher rates paid to bank and agency staff;
- Appraisals: Comments reflected a degree of scepticism about the value of appraisals, and it was suggested that day-to-day interactions offered a better opportunity for constructive performance management, and ongoing development. It was noted that review of the content and process of appraisal was being undertaken by Human Resources [HR];
- Training: Comments confirmed that the training provided was widely acknowledged to be of good quality, but staff would welcome the opportunity to receive more of it; and to have the importance of protected time reinforced, rather than feeling under pressure for taking any time away from the ‘front-line’;
- Recognition and communication: Staff commented that greater visibility of managers, and improved communications, would help them to feel better valued.

2.6. The Committee received reports on nursing and midwifery staffing levels, and a review of acuity and dependency levels and nurse sensitive indicators;

2.7. The Committee received regular reports from the Clinical Governance Committee [CGC], and heard that proposals were under consideration to optimise the management and escalation of quality related issues through CGC and its sub-groups.

2.8. The Committee was updated on the development of Action Plans to address the compliance actions, and the ‘should do’ actions, identified by the CQC Inspection.

2.9. The Committee received the Quality Governance memorandum submitted to Monitor, and discussed arrangements for the assessment.

3. Key Risks Discussed

The following risks were discussed:

3.1. There was noted to have been some deterioration in performance of venous thromboembolism [VTE] risk assessment, which was reported to have coincided with switching off the assessment functionality within the Casenotes system. The Electronic Patient Record [EPR] was now the only route for VTE assessment. The importance of undertaking a risk assessment in relation to any planned change in systems was emphasised, so that
mitigating action could be taken, aimed at preventing any associated deterioration in performance. Measures that were being taken included the provision of additional training for junior doctors, and it was expected that delivery should improve;

3.2. The risk of patient records being left unattended in an unlocked trolley, as identified in a quality walk round, was reported to have been addressed through the development of a protocol for the appropriate handling of patient records;

3.3. The risks associated with reporting from the radiology department were considered, and reported to be subject to on-going investigation. It was noted that a Standard Operating Procedure [SOP] had been developed, compliance with which was due to be audited in December 2014;

3.4. A new risk was noted to have been added to the Corporate Risk Register, relating to ‘patient transportation and co-ordination of care’, and this would be scrutinised in detail at the next meeting of the Committee on 8 October 2014.

4. Key decisions taken

The following key decisions were made:

4.1. It was agreed that a report on the Quality Impact Assessments of all the Cost Improvement Programmes [CIPs] should be submitted for consideration by the Committee at a future meeting;

4.2. Given that the Committee’s role in considering the Quality Report was to provide assurance to the Board, in relation to performance against the suite of key quality metrics, it was agreed that the Committee should receive validated data, and scrutinise the plans in place to improve delivery where required;

4.3. The Committee supported the rapid deployment of an appropriate electronic acuity tool, to facilitate consistent monitoring of patients’ acuity levels against real-time nursing and midwifery staffing levels;

4.4. The Committee endorsed the Dementia Strategy, and supported the proposal for resources dedicated to its implementation;

4.5. It was agreed that the Committee should give further consideration at a future meeting to the number of legal claims settled which related to an alleged delay in treatment.

5. Agreed Key Actions

The Committee agreed the following actions:

5.1. Results from the revised questionnaire and assessment, and the four separate site inspections which had been undertaken in relation to the Patient-led Assessments of the Care Environment [PLACE], would be provided to the Committee when available;
5.2. The newly formatted Patient Experience Dashboard would be improved to include the following:

- Divisional responses would be added to the commentary provided;
- The number of compliments received would be included;
- The number of complaints received would be related to the number of patient contacts over the reporting period;
- The relationship between the complaints department, and the Patient Advice and Liaison Service [PALS] would be included;

5.3. More detailed information and feedback was requested in relation to the number of complaints received which related to care delivered within the Neurosciences, Orthopaedics, Trauma and Specialist Surgery [NOTSS] Division;

5.4. The meeting of the Committee in December 2014 would be focussed on the consideration of risk, to be led by issues identified on the Board Assurance Framework and Corporate Risk Register, and further informed by a deep-dive exercise.

6. Future Business

Areas upon which the Committee will be focusing in the next three months will include:

- Update on implementation of Quality Strategy;
- Monitoring CQUIN Agreement and Delivery;
- Quality Impact Assessments of CIPs;
- Monitoring progress in delivery of Action Plans relating to CQC Inspection;
- Update on Peer Review Programme;
- Review of Serious Incidents Requiring Investigation [SIRIs];
- Safeguarding Annual Report;
- Workforce Governance

7. Recommendation

The Trust Board is asked to note the contents of this paper.

Mr Geoffrey Salt
Quality Committee Chairman

Mr Peter Ward
Quality Committee Vice-Chairman

September 2014