Title | Quality Committee Chairman's Report

| Status | For Information |
| History | This is a regular report to the Board |

| Board Lead(s) | Mr Geoffrey Salt, Committee Chairman |
| Key purpose | Strategy | Assurance | Policy | Performance |
Introduction

The Quality Committee met on 15 April 2015. The main issues which were raised and discussed at the meeting are set out below.

1. Significant issues of interest to the Board

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

a. The Committee received an update on Diabetes Care, to review progress since Diabetes Risk Summits were held in November and December 2013, following which investment had been made in nursing, podiatry and consultant infrastructure to support diabetes care. Education and training has improved, as has access to appropriate clinical guidelines. The recruitment of extra staff is on-going. The Committee heard that there has been an almost four-fold increase in the number of patients seen each month by podiatrists, and 85% of referrals to the Specialist Nurses are now being seen within one working day. Metrics will be developed, to monitor whether the increased activity translates into demonstrably more effective diabetes care and the team expects an improvement in the Trust's performance when the national audit is next published.

b. The Committee heard a patient's story about a female patient with mitochondrial diabetes, who underwent back surgery at the Nuffield Orthopaedic Centre [NOC]. Her story provided the opportunity for the Trust to learn from her experiences of care, particularly in relation to the importance of appreciating a patient's feelings of isolation, and of recognising the patient's expertise in her own condition and care. Some aspects of the behaviour of nursing and medical staff were not in alignment with the Trust's values of respect, compassion and delivery, and a values based interviewing [VBI] approach had now been introduced to the recruitment of all nursing staff on the Unit concerned, with the Matron reporting improvements in the quality of nurses recruited.

c. The Chief Nurse reported on her review of the patient story programme, recommending that the primary purpose of a patient's story should be to convey an authentic and emotional experience, with which the Board could resonate, empathise and connect, rather than to provide assurance. The process for selection will be further developed and refined, including advertisement to attract a higher number of patients willing to share their stories, and the Committee was receptive to the proposal for external mediation of the patient stories, produced in a digital (video) format. The Committee asked that the Trust Management Executive [TME] further develop the patient story programme, to produce stories which were representative of a theme which the Board could consider and discuss, in the context of existing assurance mechanisms. TME's recommendations will be reported back to a future meeting of the Quality Committee.

d. The latest draft of the Quality Account 2014/15 was reviewed. The Committee emphasised the importance of the quality priorities being specific and measurable, and asked for the language used throughout the Quality Account to be reviewed for its accessibility. A revised draft of the Quality Account will be considered by the Trust Board at its meeting on 13 May, and the final Quality Account will be available for consideration by the Quality Committee at its meeting on 10 June, in advance of publication via the NHS Choices website on 30 June 2015.

e. The Committee received a report on Serious Incidents Requiring Investigation [SIRI], highlighting a total of seven current open Never Event investigations. The status of the Never Event investigations was reviewed, and it was agreed that the process for response and follow up to a reported Never Event would be kept under close scrutiny.
f. New reporting arrangements for all SIRI had been launched, and much work has been undertaken within the divisions, and in clinical governance, to achieve a significant improvement in the time from DATIX report to entry onto STEIS. Going forward, it is intended to set a standard requiring that incidents should be reported onto Datix within 48 hours of occurrence, and notified to STEIS within 48 hours of reporting to Datix. A standard of 95% of incidents being reported and notified within target will be set, and compliance reported against that standard.

g. The Committee received the Quality Report, providing information on performance against a suite of fifty two quality metrics. Particular points highlighted included:
   - Achievement of the target of 95% of admitted patients receiving venous thromboembolism [VTE] assessment had been sustained
   - The target for over 80% of patients spending over 90% of admission in specialist stroke environment had been achieved
   - Performance against the target for 95% of patients to be seen, assessed and discharged or admitted within 4 hours of arrival at the Emergency Department [ED] had improved, but the access standard had not been met
   - The target for 70% of patients with fractured neck of femur to receive surgery within 36 hours of admission had not been met

h. The Committee received the monthly safe staffing report, now included in the Quality Report as part of the regular reporting, showing fill rates for February 2015 of 93.95% for Registered Nurses/Midwives and 95.4% for Care Support Workers (unregistered). It was noted that there are now further national requirements regarding care contact time, and data will be collated to report on the percentage of time that staff spend in direct and indirect care.

i. The summary of safe staffing levels in inpatient areas across the Trust showed that a significant proportion of early and late shifts were running at “minimum safe staffing levels”. While there was no national guidance on whether there was a recommended maximum proportion of shifts which could be sustained at “minimum safe staffing levels”, the Chief Nurse suggested that experience tended to show that too high a proportion over too long a period was likely to impact adversely on staff resilience.

j. The Quality Report highlighted quality items raised by Oxfordshire Clinical Commissioning Group [OCCG], and the current status of actions being taken. The Committee noted in particular the Action Plan agreed in discussion with OCCG, specifying the key requirement that all diagnostic tests must be endorsed within five working days, and abnormal results communicated to the patient and the general practitioner.

k. The regular report was received from the Clinical Governance Committee [CGC], highlighting specific issues discussed which included:
   - The revised Serious Incident Requiring Investigation (SIRI) process, and the new escalation process for more rapid reporting of potential and actual serious incidents
   - Response to the Care Quality Commission alert regarding Puerperal Sepsis, indicating that the rise in numbers of cases that triggered the alert was due to the requirement for clinical coders to enter in the diagnostic codes putative diagnoses first entered, including the label of sepsis.
   - Completion of a National Audit of the RCPCH Guidelines on High Dependency Care for Children showing that the OUH is compliant with 62 of the 69 standards.
• Sub-committee reports from Medicines Management and therapeutics Committee, Diabetes Quality Group, Clinical Effectiveness Committee, Clinical Policy Group, Patient Safety and Clinical Risk Committee.

• Updated risk register in relation to the Electronic Patient Record programme, noting agreement to postpone the roll out of ePMA within Maternity services due to competing demands on change management resources linked to theatre refurbishments.

• Infection control report confirming no new MRSA bacteraemia cases reported in February 2015, and providing detail regarding the management of a TB exposure incident

• Presentation of a WHO checklist for Cataract Surgery; noting Chairman’s approval of WHO surgical safety checklists for bronchoscopy and for pleuroscopy, as, presented in February 2015

• Review of compliance rates in Resuscitation training, in the context of Statutory and Mandatory training, further report on which would be provided to the Trust Management Executive [TME].

l. Achievements made in compliance with the national clinical standards for 7 day working were reported, noting the many areas in which the standards were met, where an excellent standard of clinical care was being delivered by the most appropriate staff in a timely manner. In those areas where standards were not yet met, plans are in place to mitigate against the risks involved. The Committee supported further work to address the areas identified for improvement.

m. Proposals were outlined for development of a Patient and Public Involvement Strategy 2016-19, in which it is hoped that Governors will play a key role

3 Key Risks Discussed

The following risks were discussed:

a. The Committee considered updated extracts of the Board Assurance Framework [BAF] and Corporate Risk Register [CRR] relating to the risks assigned to it, and noted the information recorded on the Oxfordshire Clinical Commissioning Group’s [OCCG’s] BAF and CRR, elements of which required action to be taken by the Trust. It was agreed that this should be followed up in further discussion with the OCCG’s Quality Team, to clarify the extent to which risks recorded by OCCG, and/or mitigating action stipulated, represented risks to the Trust, which should be reflected as such in the Trust’s CRR.

b. The potential impact on quality of Cost Improvement Programmes [CIP] was reviewed, and aggregated data presented, to enable the Committee to monitor whether the level of risk was affected by the interaction between CIP, and/or in the aggregation of risk associated with individual CIP.

c. The requirements of the Nursing and Midwifery Council [NMC] for revalidation of all nurses and midwives from 1 January 2016 were reviewed, and the risks and implications for the Trust were discussed. With no grace period allowed by the NMC, failure to produce revalidation evidence with third party sign off will result in immediate lapse of registration, during which time the individual would only be able to work as a Care Support Worker. The Committee supported development of a business case to provide the level of resource required to mitigate the risk of non-compliance with the NMC requirements.
d. Progress to address issues identified in assessment against the Quality Governance framework was reviewed, with particular focus on

i. the level of assurance that the Board was sufficiently aware of potential risks to quality,
ii. the Board’s promotion of a quality-focused culture throughout the Trust; and
iii. clearly defined, well-understood processes for escalating and resolving issues and managing quality performance

The Committee considered the basis for revising the score in self-assessment, the evidence for which was to be further reviewed by TME, and submitted to the Board for approval at its meeting on 13 May 2015.

4 Key decisions taken

The following key decisions were made:

a. The Committee asked the Medical Director to revise the Never Event Action Plan, to include an assessment of the impact of action taken;
b. The Committee supported the development of a business case to provide the level of resource required to mitigate the risk of non-compliance with NMC requirements for revalidation

5 Agreed Key Actions

The Committee agreed the following actions:

a. To develop metrics to monitor whether increased activity is translating into demonstrably more effective diabetes care, addressing the problems with diabetic care which had been identified at the Diabetes Risk Summits held in November and December 2013
b. The importance of the interface between hospital and primary care, as illustrated in (but not limited to) diabetes care will be considered further at a future Trust Board Seminar
c. The draft Quality Account to be distributed to the Shadow Council of Governors

6 Matters referred to the Trust Management Executive [TME]

a. Proposals for further development of the Patient Stories Programme will be considered in more detail by TME, and its recommendations will be reported back to a future meeting of the Quality Committee.
b. The Clinical Governance Committee [CGC] is provide a further report to TME on the review of compliance rates in Resuscitation training, in the context of Statutory and Mandatory training.

7 Future Business

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

- Inpatient Survey Results
- Review of Parliamentary Health Service Ombudsman’s [PHSO] Report
- Update on Complaints Policy
- Strategy for End of Life Care.
8 Recommendation

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

A draft summary of key messages for communication throughout the Trust is attached at Appendix 1, and the Trust Board is asked to consider whether it would support its wider distribution.

Mr Geoffrey Salt  
Quality Committee Chairman  
May 2015