Trust Board Meeting in Public: Wednesday 9 November 2016
TB2016.100

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<th>Title</th>
<th>Quality Committee Chairman’s Report</th>
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<tr>
<td>Status</td>
<td>For Information</td>
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<tr>
<td>History</td>
<td>The Quality Committee provides a regular report to the Board.</td>
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<th>Board Lead(s)</th>
<th>Mr Geoff Salt, Committee Chairman</th>
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1. Introduction
The Quality Committee met on 12 October 2016. The main issues raised and discussed at the meeting are set out below.

2. Significant issues of interest to the Board
The following issues of interest have been highlighted for the Trust Board:

a) The Director of Clinical Services provided an update on issues associated with implementation of the contingency plan following the decision made on the grounds of patient safety to temporarily suspend obstetric and neonatal services at the Horton General Hospital [HGH]. He confirmed that a series of key quality and performance indicators had been agreed with the Oxfordshire Clinical Commissioning Group [OCCG] to measure outcomes during the period of a temporary switch to a Midwifery Led Unit [MLU] at HGH.

b) The Chief Nurse presented the experience of a patient who had surgery and was treated in the Oxford Trauma Centre at the John Radcliffe Hospital after falling from her horse and sustaining a pelvic injury. The story covered a two week post-operative period when she was cared for on Trauma ward 3A. The patient was keen to provide feedback of both her positive experience and the gratitude she felt for staff, and to outline to the Trust aspects of care that could be improved upon for the benefit of future patients, which included:

- Clear lines of communication between staff
- Engagement of patients, particularly in respect of their care
- Providing bedside patient information
- Ensuring Health Care Assistants were trained in manual handling for specific injuries and pain awareness.

c) The Committee received its regular report from the Clinical Governance Committee [CGC], noting issues highlighted for its attention, including:

- a CQC inspection of compliance against the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 had taken place, resulting in the issuing of an Improvement Notice to the Trust on 23 August 2016.
- The Never Event wrong site block incidents had resulted in an agreed temporary second site mark for regional blocks.
- Clinical test result endorsement and discharge summaries continued to improve and were reported as 71% and 76% respectively, but remained below the required standard.
- The Trust was continuing to participate in the Sustainability and Transformation Plan [STP]

d) The Committee received the Quality Report, providing information on the following points in particular:

- The upper ceiling for Oxford University Hospitals NHS Foundation Trust (OUHFT) apportioned cases of C.diff in 2016/2017 was 69. The cumulative total was currently 30, against an internal ceiling of 29. There had been no reported cases of MRSA bacteraemias in July or August 2016.
A new method for reporting exceptions for PALs and Complaints had been introduced, using Statistical Process Control (SPC) charts. The percentage recommend in Emergency Departments (ED) had been on an upward trend since May 2016 when it was 81.3% to August when it reached 84.8%. The recommend rate was now in line with the national average of 85.4%.

e) The Medical Director presented an update on measures to improve compliance with infection control standards. The report provided an overview of infection prevention and control activity underway within the Trust for the period April 2016 to September 2016. This was a report to be read in conjunction with the Director of Infection Prevention and Control Annual Report which had been presented to the Trust Board in September 2016.

f) The Medical Director presented a report to brief the Committee on the Improvement Notice issued to the Trust by the Care Quality Commission (CQC) in respect of compliance with the Ionising Radiation [Medical Exposures] Regulations 2000 (IR[ME]R), and the resulting actions and action plan. The Improvement Notice was received following an inspection which took place on 18 August 2016, during which a number of breaches of the regulations were observed by the regulators. It was confirmed that the Trust was currently discussing with KPMG whether some of the internal audit resource could be dedicated to this issue to ensure a rapid turnaround, as the notice required that contraventions were remedied by 1st January 2017.

g) The Chief Nurse presented a thematic analysis, which had been undertaken to provide assurance of safe staffing within the inpatient children’s services for the period April 2015 to March 2016. It was noted that this had been a useful exercise that could be conducted in other clinical areas to examine retrospective cause and effect. The Trust will continue to monitor the thematic trends in staffing in the Children’s directorate and it is planned to look back over previous years to understand if there is a cyclical theme of reduced staffing levels during the summer months, and consider a planned approach to managing these deficits.

h) The Committee received the Complaints and Patient Experience Annual Report 2015/16, which described the Trust’s activity in relation to patient experience, complaints, public engagement and the opportunities for learning and service change. It was noted that increasingly, patient stories were influencing clinical practice within the Trust.

i) The Committee received the Safeguarding Annual Report for 2015/16. Issues highlighted included the focus on neglect and physical abuse as the main categories of abuse. It was noted that compliance with safeguarding adults training was 84.7%, which was 5.3% below the 90% required standard, however work was being done to improve rates by way of bespoke training taking place.

j) The Chief Executive reported that the work the Trust had undertaken in relation to Quality and Safety had been nationally recognised. NHS Improvement [NHSI] was keen for representatives from the Trust to participate in its Quality Programme. The Director of Assurance was due to work with the Shelford group around the Peer Review Programme. The Deputy Medical Director was currently working with a group of people through NHS I with the aim of bringing best practice together. The
Medical Director would be participating in the Medical Network to promulgate 'High Quality Costs Less'.

3. Key Risks Discussed

The following risks were discussed:

a. In noting the Improvement Notice issued to the Trust following breaches of regulations in respect of compliance with the Ionising Radiation [Medical Exposures] Regulations 2000 (IR[ME]R), the Committee Chairman asked that this issue be incorporated into the Trust’s Quality Report for the Committee to monitor.

b. It was reported that Oxfordshire Clinical Commissioning Group [OCCG] continued to raise the timeliness of endorsement of test results and issue of Discharge Summaries as areas requiring significant work.

c. The Committee reviewed the risk register which provided an overview of the assessed risks and any mitigating measures taken in relation to the contingency plan for Maternity and Neonatal Services. It was proposed that at its next meeting the Committee should receive an updated risk register, and a report on monitoring of the key quality indicators, to provide assurance on the quality and safety of maternity services at HGH.

d. In relation to the Complaints and Patient Experience Annual Report 2015/16, it was noted that a high level of complaints related to Medical Care. The Medical Director and Chief Nurse agreed to analyse further to look at underlying concerns, and report back to the Committee.

4. Key Actions Agreed

The Committee agreed actions as follows:

- The Medical Director will provide an updated risk register and the Director of Clinical Services will report on monitoring of the key quality indicators to provide assurance on the quality and safety of the maternity services at HGH.

- The Medical Director will write to Oxfordshire Clinical Commissioning Group [OCCG] in relation to the Trust's failure to hit the target for discharge summaries.

- The Chief Nurse will provide a report to the Committee presenting an overview of all categories of pressure ulcers.

- The Committee will continue to monitor progress with regards to the action plan in respect of compliance with the Improvement Notice issued by the CQC related to IR [ME] R.

- To report formally to the Trust Board on NHSI's invitation for OUH participation in key initiatives under NHSI's Quality Programme, including roll-out of the Peer Review Programme to other trusts; participation by the Deputy Medical Director in the NHSI's Patient Safety Group; and the Medical Director's participation in the Medical Network to promulgate 'High Quality Costs Less'.
5. Future Business
Areas upon which the Committee plans to focus at its December meeting will include:

- Emergent themes from the Peer Review Programme
- BAF/Corporate Risk Register
- Tissue Viability Update
- Information Governance Toolkit Compliance and Action Plan

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

Mr Geoff Salt
Quality Committee Chairman
November 2016