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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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<td>Key purpose</td>
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1. **Introduction**
The Quality Committee met on 10 August 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 Medical Director reported that the integrated action plan for medicines management had been implemented and was on track though the following issue was identified as being more complex:
      - Digilocks: this will require code changes at an estimated cost of £300,000. This is being prioritised.

      The Committee noted the Internal Auditors [KPMG] will be re-auditing areas where deficiencies had been identified and a report is due to follow in November.

   b) The Chief Nurse showed a short film which detailed the experience of an OUH NHS FT employee who had been subjected to racism by a patient. The staff perspective illustrated the impact this had on the whole team and highlighted the need to ensure guidance and policies were implemented to support OUH staff and patients in relation to all aspects of discrimination.

   c) The Medical Director presented a new report highlighting the work undertaken by the Diabetes Quality Group to improve diabetes care within the Trust. Significant improvements were reported to have been made in National Diabetes Inpatient Audits and Local Audits; providing substantive assurance of increased compliance with NICE Guidelines and decrease in patient harm.

   d) The Committee received an update on problems in recruiting middle grade obstetric doctors at the Horton General Hospital ["HGH"] and considered the potentially adverse impact on the safety of the obstetric and special care services for newborns at HGH from the end of September 2016.

   e) The Director of Clinical Services presented a paper on Evaluation of initiative to reduce delayed transfers of care, the substance of which was due to be submitted to the Health Overview and Scrutiny Committee [HOSC] in September.

      There was hard evidence that DToCs had reduced by over 55% and since March 2016 the number of patients delayed in beds across Oxfordshire had been on a downward trajectory.

      Positive feedback had been received in a Patient and Relative survey sent out to the first 150 patients who had been transferred to hub beds in April 2016. A further £1.6m has been invested on recruiting additional staff to work in the Ambulatory Unit.

   f) The Committee received its regular report from the Clinical Governance Committee [CGC], noting issues highlighted for its attention, including:
      - A specific report regarding Ward 6A was presented following recent SIRI declarations. The Ward had been put under special measures in respect of
pressure ulcers with the focus on supportive measures to improve performance;

- A Nutrition and Hydration policy had been approved;
- No Prevention of Future Death Reports had been received by the Coroner in Q4 or Q1. However, the Trust has been reminded that all deaths relating to patients under Deprivation of Liberty Safeguards [DOLS] must be reported to the Coroner;
- The Surgery and Oncology Division reported an improvement in discharge summaries;
- The next Mortality and Review Meeting will focus on deaths in patients with learning disabilities. A review of the last 3 years within the Trust and over the last year in divisions will take place; the CCG has been invited to attend.

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

- In June 2016 the Care Quality Commission[CQC] published a briefing paper on Learning from Serious Incidents in NHS acute hospitals. It was noted that Trusts are encouraged to investigate less and prioritise serious incidents more, whilst routinely involve patients and families in investigations;
- 32 key quality metrics were linked to the quality of clinical care across the Trust, which is a new initiative.
- In May there was an upsurge in C. diff, with 11 reported cases against an internal monthly ceiling of 6. A root cause analysis is currently being undertaken by the Infection Control Team.
- A Post Infection Review [PIR] of the June Bacteraemia deemed this case was avoidable because it was considered a lapse in care due to a breach of policy.
- The Patient Experience Team is coordinating a project in collaboration with the Oxford Eye Hospital [OEH] and members of the public, initiated as a result of patient feedback indicating poor patient experience.
- Maternity was reported to have a high number of “at risk” shifts which continues to be monitored through the IPAMS system.

h) A presentation on analysis of key quality metrics in A&E and impact on quality of care was warmly received by the Committee as it was considered to provide more robust evidence relating to the assessment of patient safety when ED activity was at its highest.

The study was based on national indicators researched by the Royal College of Emergency Medicine which were:
- Increase in 7 and 10 day mortality
- Length of stay in ED and Hospital
- Delayed Antibiotics

Overall there was no evidence that overcrowding increased the risk of mortality or length of stay.

i) The Deputy Medical Director presented the findings of the outcome of a review of Paediatric Spinal Surgery Services which had been undertaken following concerns raised by the Paediatric Nursing Team in relation to post-operative care of patients.
Key findings from the review showed:
- The revised paediatric spinal pathway and identified actions will address concerns and enhance the quality of care for paediatric spinal patients;
- The review of the Morbidity and Mortality Minutes indicated the neurological deficit rate was low [in the range of 1%] and the review of cases over the last three months confirmed accurate reporting of deficits to the M&M process;
- Clinical Governance processes were in place, however clear decision-making was required; and
- Issues of poor communication were real and required direct, focussed intervention which was reported to be on-going.

A reflective event is due to take place in September 2016 to be attended by Divisional Leads and relevant Executive Officers. The findings of the report will be presented to facilitate an open and transparent discussion between teams. A report is due to be submitted to the Quality Committee in December 2016 to provide assurance that all actions have been implemented and changes have occurred.

j) The Deputy Medical Director presented an update on CQUINS delivery, highlighting that NHS England and CCG had not yet communicated its view of CQUIN achievement in Q1. National CQUIN risks identified included: healthy food, flu vaccination, timely identification and treatment of sepsis in ED and antibiotic consumption.

k) The Quality Impact Assessments of 2016/17 Cost Improvement Programmes [CIPs] and result of Quality Impact Assessments [QIAS] reviews were noted. The development of strategic CIP schemes are currently being finalised.

l) The Deputy Medical Director presented a new report on Annual Clinical Audit Plans which outlined the progress the Clinical Audit Programme had made from 2015/16. The Internal Auditors [KPMG] review concluded “significant assurance with minor need for improvement.”

m) The Committee received an Annual Review of SIRI 2015/16 which described the extensive change programme to improve the SIRI process, ensuring more transparency and more rapid cross-divisional learning.

n) The Director of Organisational Development and Workforce presented the Quarter 1 Report on Organisational Development and Workforce performance, and key issues highlighted were:
   - Professions identified as having high turnover rates
   - Trends in staff turnover had increased and were not reversing
   - The vacancy rate remains below the Trust’s 5% target level

o) The Committee received a new report addressing the BRC/U and PPI strategy 2014/17.
3. **Key Risks Discussed**
   The following risks were discussed:
   a. In noting the report on Update on Diabetes Care, a lack of progress was identified in relation to prescription errors, foot care and severe hypoglycaemic attacks. It was confirmed that these areas were being addressed by the implementation of electronic prescriptions, an “in-house” integrated foot team linked to the Braden system and identifying patients more prone to hypo attacks.

   b. It was noted that there were capacity problems in critical care, and this was reported to have been addressed by scheduling operations over a six day period to increase the flow of patients, converting a building to create four HDU beds and submitting a business case for a new Critical Care Unit at the John Radcliffe hospital.

   c. In noting the Q1 report on Organisational Development and Workforce, the Committee discussed the increase in staff turnover, despite on-going recruitment and retention initiatives. A lack of affordable housing and cost of living in Oxford were considered to be related to this trend, and this is being reviewed by Divisional Management Teams and TME prior to fuller discussion at the September Board.

   d. A report regarding diathermy and alcoholic antiseptic usage in the Trust had been received in response to a serious incident that occurred over a year ago where an inpatient sustained burns due to an intra-operative fire caused by the use of diathermy in conjunction with alcoholic antiseptic skin preparation. No further incidents of this nature have occurred.

4. **Key Actions Agreed**
   The Committee agreed actions as follows:
   - The Chief Nurse will provide assurance that learning has been implemented and embedded in relation to caring for patients with dementia;
   - The Medical Director will provide a report on the internal audit of medicines management to provide assurance that actions have been implemented to address deficiencies;
   - The outcome of a root cause analysis and sequencing of Clostridium difficile cases that have occurred in the last eight months will be reported to the Quality Committee once the results of the data are available;
   - Maternity continues to have a high number of “at risk” shifts which will continue to be monitored via IPAMS system; and
   - A report reviewing the implementation of actions and learning following the outcome of review of Paediatric Spinal Surgery Services will be submitted to the Quality Committee in December 2016.
5. Future Business
Areas upon which the Committee will be focusing at its October meeting will include:

- Annual Complaints Report
- Annual Claims Report
- BAF/Corporate Risk Register
- Safeguarding Annual Report
- Tissue Viability Update

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

Mr Geoff Salt
Chairman Quality Committee
September 2016