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<td>The Quality Committee provides a regular report to the Board.</td>
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<td>Board Lead(s)</td>
<td>Mr Geoff Salt, Committee Chairman</td>
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1. Introduction
The Quality Committee last met on 14 December 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) Risks associated with the contingency plan for Maternity and Neonatal Services at Horton General Hospital [HGH] were reviewed. Most of the risks described in the risk register were reported to have reduced following the introduction of controls. However, it was recognised that some risks were not expected to reduce further, due to the inherent potential risks associated with childbirth, which affected all maternity services. In particular, assessment of the risks associated with the timeliness of transfer, and of those associated with the impact on obstetric and neonatal services at the JR, remained unchanged.

Quality and performance indicators agreed with Oxfordshire Clinical Commissioning Group [OCCG] are being monitored, and to date these have given no cause for concern that the temporary transition to a maternity led unit [MLU] at HGH has had an adverse impact on outcomes for women and babies.

The Director of Clinical Services confirmed that, at the time of report, there had been 38 births at the MLU at HGH, with 5 intra partum transfers to the JR. This was below the expected rate.

All incidents reported were being monitored by the divisional leadership team and lead executives, and it was confirmed that the majority of incidents reported during October and November 2016 had not led to any harm. Of the total of thirty seven incidents reported, three were assessed to have resulted in low harm, and none had resulted in moderate or greater harm.

The Committee will keep the risk register under review, and will receive regular updates on the monitoring of quality and performance indicators, as well as a summary of incidents reported, consistent with the maintenance of patient confidentiality.

b) The Director of Clinical Services also provided an update on progress in on-going attempts to recruit Obstetric doctors to fill the rota of 9 required to sustain obstetric services at HGH. He confirmed that current expectations were that the maximum number of obstetric doctors likely to be in post at HGH by January/February 2017 was 5, out of the 9 doctors needed.

In line with the decision taken by the Board at its meeting on 31 August 2016, when obstetric and neonatal services at HGH were temporarily suspended on the grounds of patient safety, the Committee noted that the situation was due to be reviewed again before the end of December 2016, to determine whether it would be feasible to reopen Obstetric services at HGH on 5 March 2017. This will be reported to the Board at its meeting on 18 January 2017.

c) Following notification from NHS Improvement on 25 November 2016 that it had decided to open an investigation in relation to the Trust’s operational performance and related governance arrangements, the Committee noted that detailed performance improvement plans had been developed, covering:

- urgent care (including actions to meet the standard that at least 95% of patients attending OUH’s Emergency Departments are seen, treated and admitted or discharged within four hours of arrival);
• elective care (to meet the standard that at least 92% of patients on incomplete pathways are waiting for no longer than 18 weeks from receipt of referral); and

• cancer (that the eight national access standards are met, with a particular focus on achieving the standard that at least 85% of patients referred by GPs with suspected cancer wait no more than 62 days to first treatment).

d) The significant work being undertaken by the Trust as a whole to improve the Emergency Care Pathway was noted, including the increased clinical support in children’s and adults’ Emergency Department [ED], and the Committee welcomed the marked improvement in performance against the 4 hour ED standard in November.

e) The Committee will continue to seek assurance as to the adequacy of processes and controls to mitigate the risk of operational pressures impacting adversely on the quality of patient care. Previous analysis of key quality metrics in A&E (based on national indicators researched by the Royal College of Emergency Medicine), as reviewed by the Quality Committee in August, had showed that overall there was no evidence that overcrowding increased the risk of mortality or length of stay.

At its meeting in December, the Committee received a report on Cancer Clinical Harm Reviews, which showed that to date no clinical harm had been identified in long waiting cancer patients.

f) The Committee reflected on the experience of a patient who had been treated over the past year following the removal of a suspected benign ovarian cyst, which had revealed a positive histology of cancer. The patient had been on the Cancer Pathway through the Gynaecology Services and received treatment within the Oncology Service. The patient was keen to highlight the issues experienced on her pathway to cancer diagnosis which included delays in treatment, poor administration systems and poor coordination of care between specialist teams. It provided the opportunity to draw attention to the initiatives being undertaken by the Cancer Management Team to improve patients’ pathway and transfer of care.

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

- The work undertaken by the Mortality Review Group [MRG], including proactive review of learning disability deaths, was briefly highlighted in light of the recent report published by the Care Quality Commission [CQC] entitled “Learning, candour and accountability.” It was confirmed the MRG would consider this report and focus on further positive changes that could be implemented.

- The Neurosciences, Orthopaedic, Trauma and Specialist Surgery [NOTSS] division had established a committee to consider best ways to manage patients on the Fractured Neck of Femur Pathway – theatre access being the key issue.

- It had been established that VTE risk was directly linked to prescribing.

- A number of patients on the Neuro Intensive Care Unit and Neuroscience Ward had been identified as colonised with Candida auris, following NHS England’s issue of an alert for Candida auris in July 2016 (referred to in the Quality Report, discussion of which is summarised below). The Infection control team was reported to be carrying out surveillance of cases, monitoring screening and isolating patients colonised or infected.
h) The Committee considered the Quality Report, discussing the following points in particular:

- Publication of the NHS Providers’ report on *The State of the NHS Provider Sector* was noted. This highlighted that, in the face of much higher demand than predicted and despite best efforts, trusts nationwide were missing nearly all of their key performance targets. Fewer than one in three (30%) trust chairs and chief executives felt that performance against these targets could be expected to improve over the next six months.

- The NHS Providers’ report also highlighted that only one in four trust leaders (27%) was confident they had the right staff numbers, quality and skill mix to deliver high quality healthcare for patients and service users. Fewer still (22%) were confident about having the right staffing levels in six months’ time. For many trust leaders, worries over staffing were becoming even greater and more urgent than those over funding.

- The review of safe nurse staffing levels within OUH showed that the fill rates of actual shifts against those planned was 95.29% for Registered Nurses/Midwives, and 84.28% for Nursing Assistants (unregistered). Dashboards showing safe staffing levels reported in each division were reviewed. The Chief Nurse emphasised that shifts recorded as running at minimum staffing levels were still safe, but it was recognised that the resilience of staff could be affected if a shift was staffed at minimum safe levels for a prolonged period of time.

The Committee heard that a more in-depth review of staffing levels in ED was being undertaken, for report at the next meeting.

The JR Maternity Unit, and particularly the delivery suite, were noted to have recorded a significant number of ‘at risk’ escalation shifts, and this was reported to be due to vacancies being held prior to new graduates starting in late September/October, followed by a period of the new appointees being supernumery on induction. It was recognised that the temporary suspension of obstetric services at Horton General Hospital [HGH] with effect from 3 October had also had an impact, insofar as some staff who transferred to the JR from HGH had periods of booked annual leave (already signed off) and significant levels of sickness either during their notice periods or on arrival at the JR. The Chief Nurse emphasised that mitigations had been taken in any instance of a shift being recorded as ‘at risk’ and no women had suffered any harm as a result of the staffing levels.

The Committee recognised that, in the medium to longer term – consistent with the findings of the report on *The State of the NHS Provider Sector* - the ability to recruit and retain midwives and other key clinical staff represented a significant challenge, upon which the Director of Organisational Development and Workforce will report in more detail to a future meeting of the Committee.

- The Committee challenged whether the failure to meet the standard for dementia screening was reflective of operational pressures, but the Chief Nurse confirmed that – while further improvement was required – there had been a slight increase in Trust compliance in September (to 62.5% against a target of 90%).

Dementia screening in Surgery & Oncology had shown improvement following the introduction of Dementia Champions in one Directorate and also daily monitoring of compliance as part of ward rounds in general and elective surgery.
The Committee heard that Public Health England had issued an alert for Candida auris in July 2016, following which a look back of cases in OUH highlighted a total of 7 cases from May 2015. A point prevalence screen of all patients on Neuro Intensive Care [NITU] was then carried out and a further 3 cases were identified. Patients on NITU are now screened on admission, weekly and prior to discharge. Strict infection control precautions and enhanced cleaning had been put in place for positive patients. A point prevalence screening of all patients on the Neurosciences Ward (NSW) had also been completed, which identified further colonised patients all with a history of inpatient stay on NITU. The Infection Control team were carrying out surveillance for cases, monitoring screening, isolation of patients colonised or infected with C. auris and cleaning on both NITU and the NSW.

In relation to antibiotic prescribing, the Committee commended the achievement of the standard for 95% compliance with antimicrobial guidelines.

The Committee also welcomed the efforts being made to address issues raised by Oxfordshire Clinical Commissioning Group [OCCG]; in particular, welcoming signs of improvement in the percentage of discharge summaries sent before or within 24 hours of discharge. However, it was acknowledged that further improvement was still required.

i) The Committee received its regular report on Serious Incidents Requiring Investigation [SIRI] and Never Events, noting issues highlighted for its attention, including:

- Key learning points from the SIRI Investigation Report relating to a wrong site nerve block comprising of a coordinated and planned re-launch of “Stop Before You Block” and Induction Programme for non-UK anaesthetic staff whose start date did not align with current training rotations.
- A recent visit to the Churchill Hospital theatres by the OCCG following a historical SIRI relating to a retained swab resulted in positive feedback regarding safety cultures in theatre.

j) The Deputy Medical Director presented an update on the 2016/17 CQUIN Programme, noting 100% of the CQUIN milestones and value had been achieved for Q1 and Q2. The achievement of specialised CQUINs had been better than National CQUINs, and the forecast suggested significant challenges in meeting Q3 and Q4 stretch targets. Furthermore, National CQUINs 2017-19 represented a substantial increase in current requirements, particularly in relation to scale and scope.

k) The Director of Clinical Services provided an update to confirm that good progress had been made to implement changes in practice, following review of paediatric spinal services. In particular, it was noted that the mechanisms for multi-disciplinary and cross-specialty communication and escalation had been improved.

l) The Chief Nurse presented an annual report on the work undertaken by the Tissue Viability Team to reduce the number of Hospital Acquired Pressure Ulcers [HAPUs] and improve wound assessment and management at a clinical level. The Trust was reported to have delivered significant improvement plans to reduce the number of HAPUs, from 0.62% Category 2-4 in 2015/16 to 0.57% in 2016/17. No Category 4 HAPUs had been reported in this financial year.

m) The Deputy Director of Assurance presented emerging themes from the Peer Review Programme which was reported to be nearing the stage of completion. A more detailed review of the results will be submitted to the Committee in due course.
The Committee received a summary of the Q2 review of the Corporate Risk Register and was assured that the papers submitted for its consideration had addressed most of the principal risks recorded which were of relevance to the remit of the Committee.

The Committee received the Annual Review of Patient and Public Participation Strategy. A key aspect of the paper included greater involvement of children and young people which had increased through the introduction of a Children’s Patient Experience Project Lead, funded by Health Education Thames Valley.

The Committee received a draft of the Mental Health Act Annual Report 2015/16, the final version of which will be submitted to the Committee at its next meeting in February 2017.

The Committee received the Annual Report on Claims and Inquests 2015/16. It was noted the basis on which NHS Litigation Authority [NHSLA] membership contributions were assessed had changed in 2015/16 – being now directly linked to a Trust’s claims history and value of payments made. The Trust’s contribution to the NHSLA in 2015/16 had been £30.669m.

3. **Key Risks Discussed**

The following risks were discussed:

a. Risks associated with the contingency plan for Maternity and Neonatal Services at Horton General Hospital [HGH] were reviewed, as described at 2a above.

b. The Medical Director confirmed that the Internal Auditors [KPMG] were due to submit a report on the Trust’s compliance with the Enforcement Notice issued by the CQC in respect of Ionising Radiation [Medical Exposures] Regulations 2000 (IR[ME]R).

c. The risk associated with running shifts at minimum staffing levels was considered, including the potentially cumulative affect over a prolonged period of time, which might adversely affect the resilience of staff. The Committee heard that a more in-depth review of staffing levels in the Emergency Department was being undertaken, for report at the next meeting.

d. Consistent with findings of the report on The State of the NHS Provider Sector, it was recognised that the ability to recruit and retain midwives and other key clinical staff represented a significant challenge, upon which the Director of OD and Workforce will be reporting in more detail at a future meeting of the Committee.

e. The risk that operational pressures may impact adversely on the quality of patient care was discussed. A report on Cancer Clinical Harm Reviews provided assurance that to date no clinical harm had been identified in long waiting cancer patients.

4. **Key Actions Agreed**

The Committee agreed actions as follows:

- Continue to seek assurance as to the adequacy of measures to mitigate the risk that operational pressures may impact adversely on the quality of patient care.
- The Chief Nurse will provide a report on staffing levels in ED.
- The Director of OD and Workforce will provide a report on initiatives to improve the recruitment and retention of staff.
The Medical Director will provide the results of the Internal Audit review of compliance with the Improvement Notice issued by the CQC relating to IR[ME]R.

5. Future Business

Areas upon which the Committee will be focusing at its February meeting will include:

- Report on Discharge Summaries, Clinical Test Results Endorsement and Outpatient Letters
- Review of safe staffing levels
- Approach to Setting Quality Priorities 2017/18
- Annual Clinical Audit Plan Progress Report
- Workforce and Organisational Development Performance Report Q3

6. Recommendation

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

Mr Geoff Salt
Chairman Quality Committee
January 2017