

Quality Committee**Appendix A**

Minutes of the meeting of the Quality Committee held on Tuesday 25 September 2012 at 10 am in the Board Room of the John Radcliffe Hospital.

Present	Mr Geoff Salt	GS	Non-executive Director, Committee Chairman
	Professor Edward Baker	EB	Medical Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Dame Fiona Caldicott	FC	Chairman
	Mr Christopher Goard	CG	Non-executive Director
	Professor David Mant	DM	Associate Non-executive Director
	Mrs Elaine Strachan-Hall	ESH	Chief Nurse
	Ms Eileen Walsh	EW	Director of Assurance
In attendance	Mrs Anne Tutt	AT	Non-executive Director
	Dr Ian Reckless	IR	Assistant Medical Director
	Ms Sara Randall	SR	Deputy Director of Clinical Services
	Mrs Clare Winch	CW	Head of Assurance
	Dr Tony Berendt	TB	Deputy Medical Director
	Mr Carl Jenkinson	CJ	Deputy Director of Workforce
	Ms Helen Ward	HW	Quality and Clinical Standards Manager, Oxfordshire PCT
	Mr Adewale Kadiri	AK	Deputy Head of Corporate Governance (Minutes)
Apologies	Sir Jonathan Michael	JM	Chief Executive
	Mr Peter Ward	PW	Non-executive Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Ms Sue Donaldson	SD	Director of Workforce

QC50/12 Welcome and Apologies

The Chairman welcomed all members, deputies and Ms Helen Ward from Oxfordshire PCT. He noted apologies from Sir Jonathan Michael (Professor Edward Baker deputising, with Dr Tony Berendt taking on Professor Baker's Medical Director responsibilities in the meeting), Mr Peter Ward (Mrs Anne Tutt substituting for him), Mr Paul Brennan (Ms Sara Randall deputising) and Ms Sue Donaldson (Mr Carl Jenkinson deputising).

QC51/12 Declarations of Interest

No member of the Committee disclosed, or had disclosed since the last meeting, any interest deriving from the business of the Trust or from the agenda of the present meeting.

QC52/12 Minutes of Previous Meeting

The minutes of the meeting held on 26 June 2012 were approved as an accurate record of that meeting.

QC53/12 Matters Arising from the Action Log

Members received an update on the following matters on the action log:

QC36/12 – Patient Safety/Quality Walkrounds:

The Chief Nurse reported that the programme had been updated and circulated to Non-Executive Directors. She stated that this programme would also take account of areas where CIPs had been challenging. There was further discussion as to whether the programme covered all clinical areas and the NOC. Mrs Strachan-Hall agreed to bring the programme back to the Committee's next meeting.

Action (ESH)

An updated Executive and Non-Executive walkround schedule, covering all clinical areas, is to be brought to the next meeting in December.

The Chief Nurse also indicated that where the allocated Executive Director is unable to conduct the walkround on the scheduled date, another date should either be set, or the designated deputy would attend. She agreed to circulate the dates to deputies by the end of September.

Action (ESH)

Dates and times of walkrounds to be circulated to Executive Directors' designated deputies by the end of September.

QC37/12 – Patient Survey:

The Chief Nurse agreed to present the outcome report to the December meeting.

Action (ESH)

An outcome report on progress against actions from the Patient Survey is to be brought to the December meeting.

QC54/12 Cycle of Business

The Head of Assurance presented this report. She referred the Committee to the two appendices, containing a cycle of business and objectives of the Committee. She emphasised that the objectives were still in draft form and welcomed comments from members.

The Committee welcomed the decision to link the cycle of business to the Trust's Strategic Risks, but Professor Mant commented that the Committee had a full programme of business and suggested that more items be summarised to enable the Committee to focus more on measuring quality. A question was raised as to why quarterly reports, such as complaints, were coming to every meeting and it was suggested that the frequency of such reports be changed to every other meeting.

The Chief Nurse stated that the reporting of safeguarding which had been listed for February and June on the plan could be spaced out more and that safeguarding alerts were reported as part of the patient experience reports. The Medical Director noted that if quarterly reports were to be taken at every other meeting, work must be undertaken to ensure that what is reported was as timely as possible.

The Chairman indicated that he intended that the Committee should spend at least one third of its time considering key quality issues of its own choosing within the Trust and the local health economy. He stated that the cycle of business needed reworking, but did not want it to wait until the next meeting in December.

In relation to the draft objectives, the following issues and suggestions arose during the discussion:

- How would achievement of these objectives be measured and what were the expected outcomes?
- Would the Committee be considering data quality?
- The Committee should have an overarching objective statement supported by sub-objectives, as set out in the paper.
- A link should be created between the Committee's objectives and the Quality Strategy goals.
- Existing indicators, such as the Friends and Family test could be adapted to be used as a measurement tool.

Action (AK/HP to facilitate)

A meeting is to be arranged in advance of the next Quality Committee meeting, involving the Chairman, the Medical Director, the Chief Nurse and the Head of Corporate Governance as facilitator, to discuss how the objectives could be sharpened, and to review the amended cycle of business.

QC55/12 Chairman's Business

The Chairman reminded members that item 11 would consist of a presentation from the Divisional Director for Emergency Medicine, Therapies and Ambulatory and suggested that it would be useful to receive a presentation at each meeting. He also highlighted the increasing prominence that the issue in item 10 was having within the Trust. He reminded presenters to assume that members had read their papers and advised them to only talk to those aspects that they considered required specific discussion.

QC56/12 A Patient's Story

The Chief Nurse provided a verbal account of the patient's story as recounted to her by the patient's son. The patient was an 82 year old man who had suffered a heart attack and had been admitted to the John Radcliffe via the Horton.

The Chief Nurse provided the Committee with a detailed summary of the care given to the patient and the quality of the interaction between staff and the patient's family at both the John Radcliffe and Horton Hospitals. The patient's son reported that the staff at both hospitals had been fantastic. Mrs Strachan-Hall stated that she was pleased with the overall feedback and had shared this with all the staff concerned. There were some issues, however:

- there were examples of communication at its best, but there were also some instances where it could have been better, and
- a lack of nurse leadership was indicated, as they were prepared to carry out an ECG because the doctor had asked them to, even though they questioned that decision

Mrs Tutt stated that she would like to think that this high quality of care would happen anywhere in the Trust. She questioned whether the fact that the son had been known to the clinicians had had anything to do with his experience. The Chief Nurse acknowledged that this might have helped in making the initial connection, but she reminded the Committee that the nurses on the stroke ward had started treating the patient before they had met the son. Mrs Tutt added that she had heard of problems with transfers and that it was encouraging to hear how well it had worked on this occasion.

Dame Fiona Caldicott commented about nurses' lack of confidence to question doctors' decisions. She stated that this had been raised as a significant issue at a consultation meeting in Banbury. The Chief Nurse explained that ratios of unregistered to registered nurses at the Horton were different from the rest of the Trust and that a leadership course was now being run for ward sisters.

Dr Ian Reckless stated that the stroke unit had had a difficult time and that it was good to receive positive feedback. He mentioned that the Trust's use of the Liverpool Care Pathway was under review, and that a paper was to be presented to a future meeting of the Trust Management Executive.

The Chairman indicated that the Committee may want to return to the issues of nurse leadership at a later meeting.

Action (ESH)

The issue of nurse leadership and ownership is to be brought to a future meeting of the Committee

The Committee expressed its intention of keeping the issue of transfers, both inter-ward and between sites, on its agenda. This would include an analysis of the quality of handovers and how welcome patients and their families were made to feel. The Medical Director stated that some work was required to be done before a paper was brought back to the Committee. Professor Mant added that the response in relation to pain relief could also be reviewed.

Action (EB)

A paper on the issue of patient transfers, to include the quality of handovers, the care of patients and their families and the quality of pain relief, is to be brought to a future meeting of the Committee

The Chief Nurse assured the Committee that the DVD for the December meeting was already being prepared. She asked for suggestions from the Committee as to

how the learning from these stories could be shared with divisions. The Chairman asked that any such suggestions be sent directly to the Chief Nurse.

Dame Fiona Caldicott advised the Committee that she had been questioned by the external assessors as to why the patients' stories were not presented at Trust Board meetings. She explained that the Trust appeared to be out of line with the practice at other NHS organisations and that an explanation for this would need to be put forward. It was agreed that this would be discussed at the next meeting under the patient story agenda item.

Action (All)

Discussion to be held at the December meeting on the presentation of patients' stories at Trust Board meetings

QC57/12 Patient Experience Report

The Chief Nurse presented this report. She highlighted paragraph 15 around improving communication, and stated that the Trust had received similar feedback from patients. 61% of complaints received relate to problems that patients encountered before they went to hospital. The Medical Director stated that GPs should be included in this work as they had also raised concerns about communication with the Trust. Ms Ward confirmed that there were over 100 entries on the PCT Datix system from GPs regarding ENT and Ophthalmology. Ms Ward agreed to send examples of letters received.

Action (ESH)

Contact is to be made with Oxfordshire PCT to obtain details of concerns raised by GPs about ENT and Ophthalmology appointments

Professor Mant welcomed the analysis of complaints by division, but stated that the figures could not be put in context because there was no information about the divisions' overall caseload.

Professor Baker enquired whether there was an explanation for the increase in the number of complaints received in the MARS division. The Chief Nurse agreed to review this.

The Committee had a discussion about electronic feedback on discharge and asked whether the system could receive patients' views whilst they were still admitted. The Chief Nurse agreed to look into this but noted that the collection of discharge information was nationally mandated and an IT package is in the process of being procured for this purpose. She reported that it would be quite onerous within the available resource to collect additional information. Ms Randall stated that to avoid future difficulties, the technical aspects of the package should be signed off by the Health Informatics Committee. The Chairman asked that the Committee and Board be kept informed. He highlighted the significance of the Friends and Family recommendation in paragraph 10 and acknowledged the issues for improvement for outpatients set out in paragraph 34. He asked the Chief Nurse to address the points that had been made when the report was brought back to the next meeting.

Action (ESH)

Consideration to be given as to whether it would be possible to receive feedback from patients while they are still admitted as inpatients

Action (ESH)

Feedback from Committee is to be incorporated into the next report

It was **resolved** to receive the report and note the actions being taken.

QC58/12 Quality Strategy Implementation Plan

The Medical Director presented this paper for noting by the Committee. He stated that it was intended that the strategy would be implemented over 6 months, with priority being given to measurement and communication across the organisation. There would be a workshop for clinical leaders on 30th October to be led by Sir Jonathan Michael, with the focus being on the Quality Strategy and how to communicate and measure improvements more effectively. There was a programme of communication with the aim that all staff would come into contact with the strategy.

Professor Baker explained that there would be another workshop next March on celebrating quality. This would include an aspect of quality awards and Board members would be welcome to attend. He stated that there would be a number of communication opportunities between now and then, and highlighted the need for these to be coordinated with existing programmes such as the walkrounds. The Chairman welcomed the invitation to non-executive directors.

The Medical Director emphasised that all staff needed to be aware of the strategy and how quality practice within their area would fit into the wider organisation. He expected the workshops to provide clarity on what quality meant for individual clinicians. The Chairman reiterated the emphasis that was placed on quality at the FTN event he had attended, as well as the need to have clear metrics in place.

Professor Mant asked if it would be possible to identify one or two quality indicators for each of the NICE guidelines. He stated that there was likely to be a requirement for some external reporting in the future and that there was a need for more rigour in the way that the Board received assurance of compliance. He suggested that an audit programme be developed.

Dr Berendt reminded the Committee that there were 250 NICE technical appraisals and 150 guidelines. He stated that successful implementation of EPR is key to ensuring compliance, but that there would be challenges to having a robust audit and assurance regime that covered every guideline. The Committee was satisfied that the Trust's clinical audit programme included the audit of NICE guidelines.

The Committee resolved to **note** the proposed plan.

Action (EB)

Committee members are to be notified of the 30 October event and invited to attend. The 20 March event is to be similarly communicated.

[The Director of Assurance arrived]

QC59/12 Quality Impact Assessment of Cost Improvement Programmes

The Medical Director introduced this paper and explained the approval process that had been undertaken for all CIP proposals, which included an assessment conducted by the Chief Nurse, the Director of Clinical Services and Professor Baker himself. He reported that there were some exemplar schemes but some had been challenged. The appendices to the paper contained examples of one scheme that had been rejected and another that had been accepted. Professor Baker explained that this was an iterative process and that the Committee would be kept updated on schemes as they went forward. He added that measurement of the delivery of quality impact was crucial, and that this would be picked up in the quarterly performance review process.

The Committee welcomed the report and were pleased to observe that there was a robust process in place for assessing quality impact of CIPs. The Medical Director expressed the opinion that the Committee ought to receive an update on the whole programme and Professor Mant added that it would be helpful to see more examples of how CIPs were impacting on services. The Chairman expressed the view that the whole Board should also receive this information.

There was a discussion about the frequency with which updates on this issue should come to the Committee. Dame Fiona Caldicott reminded the Committee that any urgent issues arising should be notified to the Board via the flash reports. The Medical Director suggested that it would be helpful for members undertaking a walkround to review the CIP position in that area beforehand.

It was **resolved** to receive the report, note the progress to date in the implementation of the revised CIP process and approve the revised governance framework

QC60/12 Clinical Governance Committee reports

The Medical Director reminded the Committee that the format of the report had been changed as a result of the external assessors' observations on the relationship between the Clinical Governance Committee (CGC) and the Quality Committee. The CGC is a sub-committee of the Trust Management Executive but it produces reports for the Quality Committee. Professor Baker emphasised the importance of two way communication between these committees.

Minutes

The Committee received detailed reports each month and in June, these included advanced care planning, end of life care, whistleblowing and the clinical effects of EPR. The latter was a good example of an issue being brought to the CGC to be dealt with.

In July, the CGC received reports from the divisions and one on medicines. There was a CQC focus on the latter issue and the problems highlighted following an audit were being addressed through an action plan. Updated and improved procedures for clinical audit are now in place.

The major focus in August was on the Quality Strategy. The GMC survey of trainee doctors highlighted some concerns about patient safety, but on the whole this was viewed as good external assurance. The implementation of Datix was also discussed at that meeting. There was recognition that the number of incidents recorded would rise temporarily, as a result of better and easier reporting processes, but it was expected that the new system would allow for improved analysis and response.

Professor Mant raised the issue of senior cover for junior doctors. The Medical Director acknowledged that many junior doctors had expressed concern that they were not getting the right level of support, and this is being considered. This also linked to the investigation of the recent Never Event. The Chief Nurse assured the Committee that although the staffing was found to be “sub-optimal”, as staffing levels were below the optimum, this was not unsafe. The Committee was advised that the investigation into this incident had been completed and that the report was with Sir Jonathan Michael.

Dr Berendt added that the most recent annual sharps report had highlighted that most sharps incidents happened when surgeons had been operating for four hours without a break. The Medical Director stated that Datix could be used to analyse this. The issue of falls was also raised. The Chief Nurse reported that the documentation relating to the Fall Safe project had been received and a plan was being prepared to implement it. It was reported that the sharps and falls issues were being picked up by the Chief Nurse and the Health and Safety adviser.

The Director of Assurance commended the table of top 5 incidents and enquired whether Datix would additionally allow for the inclusion of prevalence of harm. The Chief Nurse responded that it would be possible to break the information down further.

It was resolved to **receive** the report and the attached minutes.

QC61/12 Delayed Transfer of care – impact on patient care (presentation)

The Clinical Director for Emergency Medicine, Therapies and Ambulatory delivered this presentation. He commented that staff were aware that some patients stayed in hospital longer than others, but they provided the same quality of care in each instance.

Dr Jones’ presentation was based on an analysis of patients admitted to one of the wards at the John Radcliffe Hospital and drew comparisons between those patients whose discharge had been delayed and others not in that category. His overall findings were that there was no evidence of harm for those on a defined pathway. He acknowledged that the question was more difficult to answer in relation to those not on a defined pathway, but he had found no obvious evidence of harm. Dr Jones concluded that it would be challenging to answer the question whether delayed discharges caused indirect harm to other acute patients.

The Medical Director enquired whether the findings of Dr Jones’ small study were typical of other areas. Dr Jones responded that he considered them to be representative. Dame Fiona Caldicott recognised this as a problem that the Board was familiar with, but was reassured to hear that ward staff were not mindful of

or guided by the term DTOC. Mrs Tutt questioned whether there was anything that ward staff could do to help improve the process. Dr Berendt advised the Committee that the issue would be kept under regular review.

The Committee thanked Dr Jones for his attendance and presentation, and resolved to **note** his findings.

Action (PB)

The Director of Clinical Services to present an update to the Committee at the next meeting in December

QC62/12 Infection Control Quarterly Report

The Medical Director informed the Committee that the Trust was meeting its targets on MRSA and C-difficile. An investigation was underway regarding the three cases of endophthalmitis following intraocular injections at the Oxford Eye Hospital.

It was resolved to **note** the contents of the report.

QC63/12 Quality Account and CQUIN update

Professor Baker reminded the Committee that the Quality Account and CQUIN had been merged in order to simplify matters and facilitate an integrated approach. He directed the Committee to Table 3 on the paper for an update of current progress on achieving Quality Account and CQUIN priorities and reported that the Trust was broadly on plan.

It was resolved to **note** the findings set out in this update.

QC64/12 Update on Quality Governance Framework and Action Plan

The Medical Director reported that work was progressing towards the stage 2 reviews and interviews were imminent.

It was resolved to **note** the progress set out in the action plan.

QC65/12 Terms of Reference for the Clinical Governance Committee

The Medical Director explained that these terms of reference were to be agreed by the Trust Management Executive, but they were brought to the Quality Committee to note. They have taken account of feedback from the external assessors regarding the relationship between the Quality Committee and the Clinical Governance Committee and its sub-committees. Dame Fiona Caldicott commented that the terms of reference appeared to have overlooked the patients' experience, and that there was no mention of the Patient and Public Involvement Group. In response, the Chief Nurse stated that the PPIG was no longer in existence and that a decision was yet to be made about what would replace it. Dr Ian Reckless made reference to the Patient Experience Steering Group, which had not yet been set up but would be included within the Clinical Governance Committee structure. Ms Randall highlighted that there is no longer a Clinical Director of Service Improvement.

Action (ESH)

An update was to be provided to the Committee on how the patient experience was reflected within the Clinical Governance Committee structure

The Director of Assurance suggested that the word “all” in paragraph 2.3 be removed. She also raised the comment made by the external assessors that the Committee was light in terms of medical input. The assessors had queried how the Board was assured of medical clinical input in clinical governance. The Medical Director stated that clinical governance was part of the divisional and clinical director roles.

It was resolved to **recommend** the revised terms of reference to the Trust Management Executive for approval, subject to the implementation of the action set out above.

QC66/12 Board Assurance Framework/Trust Risk Register

The Director of Assurance presented this paper and asked members for their comments. She reported that in its present iteration, changes suggested at the Audit Committee had been included and that it would subsequently be presented to the Trust Management Executive and then the Trust Board in November. Ms Walsh stated that the assurance framework had been populated to match the Trust's strategic objectives. She explained that the process of analysing the types of assurance used had begun in order to ensure that the papers presented provided the Board and its sub-committees with a picture of assurance over time. Ms Walsh suggested to the Committee that the document's format was much improved.

The Chairman commended the new format as an improvement and that it provided more assurance. However he noted that more work was needed to ensure full divisional engagement. Mr Goard saw this as a major step forward, but he wondered when the breakdown of types of assurances reported to the Board at figure 2 on page 8 would start to resemble the total sources of assurance recorded at figure 1. The Director of Assurance stated that it was a timing issue, but that it required constant monitoring.

Professor Mant referred to Principal Risk 1 on page 13 and questioned whether the cause had been properly recorded. The Director of Assurance agreed to look again at the wording.

Action (EW)

The wording of the narrative under cause, effect and impact is to be amended and reflected in the next version of the BAF

It was resolved to **note** the revisions to the Board Assurance Framework and Trust Risk Register.

QC67/12 Review and update of NHSLA project

The Committee resolved to receive the paper and **noted** the update on the NHSLA paper.

QC68/12 Trust Quality Dashboard

The Medical Director presented this paper and explained that the Acute Trust Quality Dashboard was produced for all acute Trusts under the auspices of the NHS Midlands and East Quality Observatory. He explained that the data presented a mixed impression of the Trust around data quality and some historical areas of poor performance. There was a discussion about how the data had been analysed, but it was acknowledged that the information was in the public domain and would be used in assessments of the Trust. The Committee recognised that there was a need to demonstrate that the information on the dashboard had been considered and that the issues raised had been taken on board.

Action (EB)

The dashboard was to be brought back to the Committee's December meeting with an up to date review of any areas of Trust performance where clinical issues had been identified.

It was resolved to **note** the Acute Trust Quality Dashboard.

QC69/12 Quality and Risk Profile update

The Director of Assurance presented this paper and advised the Committee that 280 pages of data lay behind it. She referred members to pages 6 and 7 of the paper which showed the areas where there had been positive and negative changes in the Trust's profile. Ms Walsh stated that there was nothing remarkable to note and that there was no area in which the Trust was non-compliant. The Committee noted the contents of the report. The Chairman referred to discussions that had taken place during the FTN event he had attended. He commented on the various measurements of quality that were in existence and the difficulty in understanding what messages they were all trying to convey.

The Committee resolved to **receive** the report and noted the changes to the Quality and Risk Profile.

QC70/12 Any other business

There was no other business.

QC71/12 Dates of future meetings

The date of the next meeting is Wednesday 12 December 2012 at 9:00

