

Trust Board Meeting: Wednesday 12 November 2014
TB2014.136

Title	Quality Committee Chairman's Report
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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

1. Introduction

The Quality Committee met on 8 October 2014. 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:

- The Committee received a patient story which had been selected in accordance with the approved criteria, as highlighting key issues for organisational learning in relation to:
 - Improving appointment systems and the efficiency of written communication with patients; and
 - Ensuring that reception staff are patient-focussed, and able to communicate clearly with patients, making adaptations to communication style as necessary for the needs of individual patients.

The importance of recognising that appropriate provision should be made for supporting all patients who might be vulnerable or at risk, whether by reason of a physical or cognitive disability, was emphasised, as was the need to identify what would be the expected outcome of improvements made, and how that would be monitored, and reported.

- An update on progress in actions arising out of past patient stories was provided, and a regular six-monthly report is to be built into the cycle of business, to check on progress to complete agreed actions, and to monitor the measurement of outcomes.
- The Committee heard of some recently emerging issues which had been reflected in concerns raised by staff, and it was confirmed that these were being investigated under the Trust's 'Raising Concerns' policy. Conclusions would be reported as appropriate.
- The Committee received the Quality Report, providing information on performance against a suite of fifty four quality metrics. Performance was highlighted in particular in relation to:
 - Dementia – % of patients aged >75 admitted as an emergency having been screened

It was reported that the Medicine, Rehabilitation and Cardiac [MRC] Division was achieving performance of almost 80%, and that a business case was being developed to provide extra nursing and administrative support for better recording of assessments on the Electronic Patient Record [EPR] in the other divisions. The assessment tool used in the MRC Division had been presented at the recent Annual General Meeting [AGM] on 2 October 2014, and this was being considered for roll-out in all the other divisions.

- Stroke –% of patients spending >90% of admission in specialist stroke environment

It was noted that the data required further analysis, but the lower than expected rate of compliance appeared to be due in part to issues regarding classification and the application of targets.

- VTE Risk Assessment –% of admitted patients receiving risk assessment

It was noted that progress had been made, to achieve 94.22% of admitted patients receiving VTE risk assessment.

- CAS Alerts were noted to be followed up by the Clinical Governance Committee, and reported to the Trust Management Executive [TME].

- The Committee received the monthly safe staffing report, which was now included in the Quality Report as part of the regular reporting, and noted that this showed a rate of 103.2% of care support workers during the day, effectively compensating for the rate of 84.4% Registered Nurses during the day. Acuity and dependency data had identified areas of greatest concern, and a business case was being developed by Surgery and Oncology, for submission to the Trust Management Executive [TME].
- The status of actions arising from Executive Quality Walk Rounds was reviewed, and it was suggested that responsibility should be allocated to Divisional Directors, with progress then being monitored in monthly and quarterly divisional performance reviews.
- The Committee received its regular report on Serious Incidents Requiring Investigation [SIRI], and noted the requirements that would extend to all incidents where the patient had suffered 'moderate harm', under the Duty of Candour, which was expected to be introduced from mid-November 2014.
- A report was presented on the outcome of Quality Impact Assessments [QIA] undertaken on 119 Cost Improvement Programmes [CIP] submitted for approval in 2014/15. Having regard to safety, clinical effectiveness and outcomes, and patient experience, eleven CIPs had only been approved on the condition that mitigations were put in place, to minimise the potential negative impact identified. A further two had been rejected on the basis that they were identified as having a potentially significant negative impact, which could not be reduced sufficiently by mitigating action. The effectiveness of mitigations in reducing the level of negative impact was monitored through Divisional Quarterly Performance Reviews, together with the actual level of cost savings delivered. The Committee asked to be provided with feedback on those CIPs which had been identified as having a potentially significant negative impact.

- The Chief Nurse presented an update on the 2013 Inpatient Survey, and the Trust's plan for improvement, which was to be linked with the action plan for the Staff Survey.
- The Committee received an update on progress against the Quality Priorities as set out in the 2014/15 Quality Account, alongside an update on implementation of the Quality Strategy. It was proposed that the Quality Strategy be 'refreshed'. Further detail is due to be submitted to the Committee for consideration at its next meeting in December 2014.
- The Clinical Governance Committee [CGC] made its regular report to the Committee, highlighting in particular:
 - A review of Hip Fracture Mortality, further report on which would be made to the Trust Management Executive [TME];
 - A review of proposals to meet the Medication & Medical Devices Safety Alerts; and
 - Proposals to mitigate the risks to patient safety in the provisions for management of Paediatric Airways, which were due to be considered further by the TME.

A review of the effectiveness of the CGC and its sub-committees was being undertaken, due to be concluded by the end of November 2014, and it was agreed that the report should be submitted for the Committee's consideration.

- The Committee received an update on the Peer Review Programme. It was agreed that the divisional action plans developed as a result of the original peer review programme would be formally closed, with delivery of the actions to be monitored through the Quarterly Divisional Performance reviews. Proposals for the development of Phase 2 of the peer review programme were supported, to include:
 - Stage 1: Follow up of Peer Review Action Plans to focus on whether actions had achieved the intended outcomes for patients and staff;
 - Stage 2: Clinical Directorate Peer Reviews to apply the established methodology, with appropriate modification, to provide greater granularity of results and more useful information for individual clinical directorates;
 - Stage 3: Thematic Reviews of care themes, and/or of care pathways.
- Changes made to the Board Assurance Framework [BAF] and to the Corporate Risk Register [CRR] were noted and accepted as reasonable.
- The Committee received an update on the provision of Statutory and Mandatory Training within the Trust, noting that the projected increase in

compliance within the second half of the current financial year suggested that the target of 90% should be achieved by March 2015.

3 Key Risks Discussed

The following risks were discussed:

- The risks associated with transportation and the co-ordination of care were discussed. Following the consultation undertaken by Oxfordshire Clinical Commissioning Group [OCCG] on the scope and criteria for patient transportation, it was expected that the revised service would mean that fewer patients overall would qualify for transportation with effect from 1 April 2015. The revised eligibility criteria were most likely to affect general outpatient attendance, but the Trust had secured agreement from OCCG that there would be no change to the eligibility criteria for transport to and from Renal Dialysis, Chemotherapy and Radiotherapy. It had further been agreed, as part of the Winter Plan, that funding would be allocated to procure additional transport to support the transfer of patients between sites, and on discharge home;
- In reviewing performance against the quality indicator measuring the percentage of patients having their operation within the time specified according to their clinical categorisation, the associated risk of adverse impact on the quality of care was raised, and it was agreed that this should be followed up through the CGC.

4 Key decisions taken

The following key decisions were made:

- It was agreed that regular updates should be provided to the Committee on the outcomes of actions taken following the consideration of patient stories.
- Associate Non-Executive Director, Professor David Mant, was invited to work alongside the Chief Nurse in the process of selection of patient stories.
- A proposal for 'refreshing' the Quality Strategy will be submitted for further consideration by the Committee.
- Proposals for the development of Phase 2 of the Peer Review Programme were supported, and it was agreed that the Committee would be kept updated.

5 Agreed Key Actions

The Committee agreed the following actions:

- Consideration will be given to using the developing library of patient stories as an educational resource, for wider learning from patient stories.
- The date of each Executive Quality Walk Round is to be included in the summary reported in the Quality Report.

- The regular SRI Report will address how the Committee can gain assurance that lessons have been learned, and disseminated.
- Regular feedback is to be provided to the Committee on CIPs which had been identified as having a potentially significant negative impact, to monitor the success of mitigations in reducing the actual level of negative impact.
- Work is to be undertaken to review how best to use all outcome measures to drive improvements in the quality of care, developing quality metrics to engage medical and other clinical staff.
- Report on the review of the effectiveness of the CGC is to be concluded, and submitted for consideration by the Committee.

6 Future Business

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

- Review of Pressure Ulcers
- Report on the Duty of Candour
- CQUIN Agreement and Delivery
- Proposal for 'refreshing' the Quality Strategy
- Review of effectiveness of CGC
- Update on Peer Review Programme
- Monitoring progress in delivery of Action Plans relating to CQC Inspection;
- Review of Serious Incidents Requiring Investigation [SIRIs];

7 Recommendation

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

Mr Geoffrey Salt
Quality Committee Chairman

November 2014